

FILED APR 16 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 12281  
1458

BIRTH NO. 49-022039 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

<b>1. PLACE OF DEATH</b> a. COUNTY Jackson		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4535 Main Street		d. STREET ADDRESS (If rural, give location) 4535 Main Street	
<b>3. NAME OF DECEASED</b> (Type or Print) Infant		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) March 29, 1949	
5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH March 29, 1949	
9. AGE (In years last birthday) 1		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mary Lou Beyers	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Mary Lou Beyers, 4535 Main St., K. C., Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure, Acute Hemorrhage from Right Neck ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Neck DUE TO (c) F. 98- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Repub. Coroner	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE Homicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 29 49 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Laceration of neck by mother		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE A. E. Upsher MD (Degree or title) A. E. Upsher MD		23b. ADDRESS 2800 Main	
23c. DATE SIGNED 4/1/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-2-49		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGillay-Eylar, Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 4-1-49		REGISTRAR'S SIGNATURE Geraldine Holmes	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Glenn E. Beck*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4063*

P. O. Address \_\_\_\_\_

*K. E. Moore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.