U.S. No. 300
REV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1949

State File No. 19420

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2799

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 10 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 11
d. STREET ADDRESS (If rural, give location): 501 WEST 11TH STREET

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): LAFAYETTE
c. (Last): BEARD

4. DATE OF DEATH (Month) (Day) (Year): JUNE 27 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB 4 1888 ~~1891~~
9. AGE (In years last birthday): 58 YRS. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 2 YRS - TRAVELLING SALESMAN - ELIAS SHAKER & CO.
10b. KIND OF BUSINESS OR INDUSTRY: CHILDREN'S
11. BIRTHPLACE (State or foreign country): TERRE HAUTE, INDIANA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: L. BEARD
13b. MOTHER'S MAIDEN NAME: LEVONIA McKELVY
14. NAME OF HUSBAND OR WIFE: MRS. MARY ETHEL BEARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 322-03-9000
17. INFORMANT'S SIGNATURE OR NAME: MRS. MARY ETHEL BEARD
ADDRESS: 501 WEST 11TH ST. KANSAS CITY, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).
It does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 7 mo +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): NONE
DUE TO (c): NONE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Carcinoma rectum c̄ metastases - 15 cm
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-20, 1942, *to* 6-27, 1949, *that I last saw the deceased alive on* 6-26, 1949, *and that death occurred at* 12:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: G.M. Osgood
23b. ADDRESS (Degree or title): G. M. OSGOOD, M. D. 915 Professional Bldg. K.C. Mo.
23c. DATE SIGNED: 6-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 29 1949
24c. NAME OF CEMETERY OR CREMATORY: MT. HOPE CEMETERY
24d. LOCATION (City, town, or county) (State): TOPEKA, KANSAS

DATE REC'D BY LOCAL REG.: 6-29-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: O. H. Newcomer & Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

Signed .....
Student Embalmer

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.

State of Mo. } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 19420-49
Local Registrar's No. 2799

On this 11th day of July, 1949, before me appears Mary E. Bard, who, upon her oath, states that the original record of ~~birth~~ death for Arthur Lafayette Bird, ~~born~~ died June 27, 1949, in the State of Missouri, and which was filed at Kansas City on 6-29, 1949, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 8 should read February 4, 1888

Instead of February 4, 1891

Item No. 9 should read 61 years

Instead of 58 years

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary E. Bird Relationship

501 West 11th St. (K.C. Mo.)
Present Address.

Subscribed and sworn to before me this 11th day of July, 1949.

My Commission expires Oct 21, 1951 Carrie G. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
X36667