

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26826**  
Registrar's No. **3326**

FILED AUG 21 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3326

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>10 years</b>		d. STREET ADDRESS (If rural, give location) <b>2409 Jackson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Wayne</b>	b. (Middle) <b>Hayes</b>	c. (Last) <b>Beyer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8 1 1949</b>
--	--------------------------	------------------------	--

5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 5, 1877</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
------------------	----------------------------	---	---------------------------------------	---	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Life I. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Tipton, Pa. /</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	--	--

13a. FATHER'S NAME <b>Henry Beyer</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Davis</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Beyer</b>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry W. Beyer, 2409 Jackson K6 Mo.</b>
--	-----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Appendicitis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>Liver abscess</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from July 11, 1949, to Aug. 1, 1949, that I last saw the deceased alive on Aug. 1, 1949, and that death occurred at 10:30A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title)	23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>	23c. DATE SIGNED <b>8-2-49</b>
---	---	--------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-3-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. <b>8-2-49</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. W. Wagner K. C. Mo.</b>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Mitchell*

---

---

**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.

Student .....  
Student Embalmer

Signed *Abrie R. Haunschel*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

**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.