

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12836
State File No. 1486

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KCTB HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2510 GRAND</u>	
3. NAME OF DECEASED a. (First) <u>RUDYERT</u> b. (Middle) <u>Albert</u> c. (Last) <u>Beha, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-31-50</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>DIVORCED</u>	8. DATE OF BIRTH <u>3-21-1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WELDER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>36</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>10</u> IF UNDER 1 MIN. Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RUDOLPH A. BEHA-SALULAMAE</u>		13b. MOTHER'S MAIDEN NAME <u>HORTON</u>	
14. NAME OF HUSBAND OR WIFE <u>JOAN BEHA</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RUDOLPH A. BEHA</u> ADDRESS <u>No. 5, C. MO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>512-01-9046</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>002A</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____	
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 <u>12-11</u> , 19 <u>47</u> , to <u>3-31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-30-50</u> , 19 <u>50</u> , and that death occurred at <u>3:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George K. Landis</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>K. G. J. B. Hosp.</u>	
23c. DATE SIGNED <u>3-31-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>APRIL 3 '50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>		DATE REC'D BY LOCAL REG. <u>3-31-50</u>	
REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm G. L. Fortner</u> ADDRESS <u>Kansas City Mo</u>	

WRITE PLAINLY—USING UNFAADING 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.

Student
Student Embalmer

Signed _____

John Clark

Licensed Embalmer No. *4216*

P. O. Address *D. Co. Mo.*

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.