

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22938

2911

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
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. LENGTH OF STAY (In this place) <b>7 10/19/51</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>				d. STREET ADDRESS (If rural, give location) <b>2317 Troost</b>			
3. NAME OF DECEASED (Type or Print) <b>Grace</b>		a. (First)		b. (Middle) <b>Beamon</b>		c. (Last)	
4. DATE OF DEATH <b>July 3, 1951</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>June 27, 1930</b>		9. AGE (In years last birthday) <b>21</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Texas</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Samuel Beamon</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Beamon</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mattie Beamon</b> ADDRESS <b>2317 Troost</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Peritonitis</b>		DUPLICATE OF (a) <b>Generalized Peritonitis</b>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					5401
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>see above.</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>6-28, 1951</b> , to <b>7-3, 1951</b> , that I last saw the deceased <b>alive on 7-3, 1951</b> , and that death occurred at <b>12:20a m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. Frank Ellis M.D.</b> (Degree or title)				23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>7-5-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7-10-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PARIS, TEXAS</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>7-10-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Tolmed</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BRADY-BROWN</b>		ADDRESS <b>1708 TRACY K.C., MO.</b>	

(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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*[Handwritten Signature]*

Licensed Embalmer No. 33881

P: O: Address R. E. 210

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.