

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31327  
Do not use this space.

3624

OCT 15 1938

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kay Primary Registration District No. 1002  
 (c) City Kansas City, Mo. (d) Street No. Meary St. 1st Registered No. 6177  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Beary, Loren Eugene -  
 (a) Residence, No. North Kansas City, R. 14. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K C - Mo 0

13. NAME Lawrence Beary 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri 9

15. MAIDEN NAME Mary Coalbank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York

17. INFORMANT Father - Lawrence Beary  
 (ADDRESS) North Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 9-15-38

19. FUNERAL DIRECTOR (ADDRESS) Morton Funeral Home North K.C. Mo.

20. FILED Sept 16, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-7-, 1938, to 9-13, 1938. I last saw him alive on 9-13-38, 1938. Death is said to have occurred on the date stated above, at 4:00 a.m. The principal cause of death and related causes of importance were as follows:  
Prematurity  
Asphyxia -  
159

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury 1938  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify N.B. Soderberg! M. D.  
 (Signed) N.B. Soderberg!  
 (Address) 3077 W. yn. d'to

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**