

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

28418
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4652
 (c) City Kansas City (d) Street No. 700 West 47th St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 315 Leighton Vaughan Beatty

(a) Residence, No. 700 West 47th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Clara D. Beatty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 19, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 62 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Gen'l Freight
 9. Industry or business in which work was done, as law mill, bank, etc. K. C. Southern
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Philadelphia
 (STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME Archibald Beatty

14. BIRTHPLACE (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME No record

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

17. INFORMANT Mrs. Clara D. Beatty
 (ADDRESS) 700 West 47th St., Kansas City, Mo

18. BURIAL OR CREMATION OR REMOVAL PLACE Lawrence, Kansas DATE Nov. 29, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) Kansas City, Missouri

20. FILED Nov 30 1938 Dr. D. D. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1938, to November 28, 1938
 I last saw him alive on November 28, 1938. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction due to
Coronary occlusion of R

Date of onset

11-28-38

Other contributory causes of importance:

Arterio sclerosis - general

10 yrs

Name of operation none 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 19.....
 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? No
 If so, specify
 (Signed) M. J. Berry M. D.
 (Address) 315 Alameda Road

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.

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.