

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

468

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1613 Norton  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether  
 In this community 19 years  
 years, months or days)

3. (a) PRINT FULL NAME Sip Beauguard3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race Col. 6. (a) Single, widowed, married, divorced wid.  
 6. (b) Name of husband or wife Jane Beauguard 6. (c) Age of husband or wife if alive no  
 7. Birth date of deceased Dec 25 1870  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 1 3 hr. min.

9. Birthplace La. 1  
(City, town, or county) (State or foreign country)10. Usual occupation Unemployed

11. Industry or business

12. Name Unk.13. Birthplace Unk. Unk.  
(City, town, or county) (State or foreign country)14. Maiden name Unk. Unk.15. Birthplace Unk. Unk.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ella North(b) Address 1614 Norton17. (a) Burial (b) Date thereof 2-7-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland Cem. K.C. Mo18. (a) Signature of funeral director Adkins Bros.(b) Address 2000 E. 17th St. K.C. Mo.19. (a) Feb. 1, 1940 (b) N. M. Brown  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1631 Norton  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1940 hour 6 minute 30 A. M.21. I hereby certify that I attended the deceased from 19 to 19 ;  
that I was not alive on 19 ;  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Hemorrhagic Nephritis  
Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Physician  
Of autopsy Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 (Specify type of place) (e) Means of injury

23. Signature Asellinger (M. D. or other)  
Address Asellinger Date signed

**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 Edw J Evamer

Licensed Embalmer No. 3876

P. O. Address 1819 E. 55th St. C 2nd

**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.**