

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1841**

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: **3533 Kenwood**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Since 1891**
years, months or days)

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. **3533 Kenwood**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME **Mrs Mary M. Beverley 164**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-05-1995**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Joseph C. Beverley** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 16, 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 **8** **15** hr. min.

9. Birthplace **Vienna, Austria** 7
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary** 7

11. Industry or business **Times Products Co** 7

12. Name **Carl Kœnn** 7

13. Birthplace **Austria** 7
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Goldnagel**

15. Birthplace **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest R. Beverley**

(b) Address **3533 Kenwood**

17. (a) **Burial** (b) Date thereof **5-4-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary, K.C.K**

18. (a) Signature of funeral director **Thomas E. Quirk**

(b) Address **4316 Troost Ave.**

19. (a) **May 2, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5-1** day _____
year **40** hour **8** minute **20** P.M.

21. I hereby certify that I attended the deceased from **November**
1939, to **May 1**, 19**40**;

that I last saw her alive on **May 1**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Left Ventricular Failure**

Duration
1 hr.

Due to **Hypertension with left ventricular stress.**

Due to _____

Other conditions **Hypertensive Heart Disease**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **[Signature]**

Address **140 S. Webster** Date signed **5-2-40**

Kemo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Thomas E. Quinn
.....
Licensed Embalmer No. *3775*
.....
P. O. Address *K. C. 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, above space should be left blank.