S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24177

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2787

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: Research Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 3922 Benton Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mr. Roy BEACH Jr. 201

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 19 (Day) 1918 (Year)

8. AGE: Years 22 Months 2 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Fort Scott K (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Senior Student

11. Industry or business Colorado University

FATHER
12. Name J. Roy Beach Sr.
13. Birthplace Page County (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Glesna Rowse
15. Birthplace Lima (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. J. Roy Beach Sr.

(b) Address 3922 Benton Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) July 11, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1940 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from May 26, 1940, to July 11, 1940 that I last saw him alive on July 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis of the Omentum, Liver, Mediastinum, — Duration 5 mo

Due to Carcinoma of testicle — one year

Due to 51

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Grauerholz (M. D. or other)

Address 3706 Broadway, K.C. Date signed 7/11-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Grauerholz
3706 Broadway

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.