

3-40
-39
K23159

OCT 11 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3652**

1. PLACE OF DEATH:

(a) County **Kansas**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Circus Lot - St. John & Belmont Street S
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3**
In this community **1 Day**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **McPherson**
(c) City or town **McPherson**
(If outside city or town limits, write "RURAL")
(d) Street No. **825 West Marlin**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **----** years.

3. (a) PRINT FULL NAME **Mrs. Minnie Hammond Bean**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mr. Joseph Edgar Bean** 6. (c) Age of husband or wife if alive **----** years
7. Birth date of deceased **February 26 1887**
(Month) (Day) (Year)

8. AGE: Years **53** Months **6** Days **9** If less than one day hr. min.

9. Birthplace **Baltimore Maryland**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **----**

MOTHER FATHER { 12. Name **Burton**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Claire Selby**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Harry Hunt**
(b) Address **105 Santa Fe Wichita, Kan.**

17. (a) **Burial** (b) Date thereof **Sept. 4, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **McPherson, Kansas**

18. (a) Signature of funeral director **D. H. Newcomer's Sons**
(b) Address **1401 Brush Creek Blvd.**
Sept. 4, 1940

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **3rd**
year **1940** hour **8** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Sept. 1940** to **Sept. 1940**;
that I last saw him alive on **Sept. 1940**;
and that death occurred on the date and hour stated above.
Immediate cause of death **Acute pulmonary edema**
Diffuse myocardial fibrils

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **930**
Of autopsy

PHYSICIAN **930**
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?

23. Signature **M. M. Brown** (M. D. or other)
Address **K. C. Mo.** Date signed **5**

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

*Mrs
Bean*

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 *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *K.C., Mo.*

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

If this body is not embalmed, fact should be so stated above.