

13-40  
7-39  
X23159

FILED MAY 16 1941

STANDARD CERTIFICATE OF DEATH

State File No. **13666**  
**1647**  
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Wakarusa**  
(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 Hosp**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Evangeline Beatty**

3. (b) If veteran, name war   
3. (c) Social Security No. **4**

4. Sex **female**  
5. Color or race **w**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Luther Beatty**  
6. (c) Age of husband or wife if alive **51** years  
7. Birth date of deceased **May 9 1903**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **11** Days **16**  
If less than one day hr. min.

9. Birthplace **Rose Hill Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER  
12. Name **Jess M Reed**  
13. Birthplace **Barnesville Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Katharine Beatty**  
15. Birthplace **Rose Hill Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Luther Beatty**  
(b) Address **Excelsior Springs Mo**  
17. (a) **Burial** (b) Date thereof **4/27-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Excelsior Springs Mo**

18. (a) Signature of funeral director **Clarence Richard**  
(b) Address **Excelsior Springs Mo**  
19. (a) **Apr 26 1941** (b) **M. W. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**  
(c) City or town **Excelsior Springs Mo**  
(If outside city or town limits write "RURAL")  
(d) Street No. **Hickory**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25th**  
year **1941** hour **11** minute **20 P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Decompensated heart**

Due to **Rheumatic heart disease**  
**Chronic mitral valvulitis**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **92 B**

Major findings: Of operations **92 B**

Of autopsy **As above. Congestion of organs. Edema of lungs.**

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 **David J. Stimp** (Specify type of place) **Salisbury**  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
(M. D. or other) **M.D.**  
Address **Research Hospital** Date signed **4/26/41**

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

OCT 22 1954

**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 Blande Richard

Licensed Embalmer No. 2751

P. O. Address Delaware Springs

**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, fact should be so stated above.**