

STANDARD CERTIFICATE OF DEATH

State File No. 20824

FILED JUL 7 1941

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2354

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:
2504 East 28th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 Yrs.** (Specify whether
In this community 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. **2504 East 28th.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Elizabeth Mason Beard**

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

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **David Mason** 6. (c) Age of husband or wife if alive years **Febr. 22nd. 1857**
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **84** Months **3** Days **28** If less than one day hr. min.

9. Birthplace **Lafayette Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER { 12. Name **Wm. Baker**
13. Birthplace **Unknown Ky.** (City, town, or county) (State or foreign country)
14. Maiden name **Hannah Gay**
15. Birthplace **Maysville Ky.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Greenville Crip**
(b) Address **2504 East 28th, K.C.Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-23-41** (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Eylar Funeral Home**
(b) Address **1800 Linwood K.C.Mo.**

19. (a) **6/21/41** (Date received local registrar) (b) **M. M. Crown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20th** year **1941** hour **3** minute **10 a.m.**

21. I hereby certify that I attended the deceased from **June 17** 19**41**, to **June 19** 19**41**, that I last saw her alive on **June 19** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral regurgitation** **Chronic myocarditis** Duration

Due to **121**
Due to **13/a**

Other conditions **Chronic Intestinal neph.** (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 **0**

23. Signature **Harry H. Dwyer** (M. D. or other) Address **1401 Prospect** Date signed **6-20-41**

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

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..... *Chas Wells*

Licensed Embalmer No.: *2644*

P. O. Address..... *1800 Pinewood*

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.