

No. 2
1-4-41
-17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37562**
Registrar's No. **4357**

DEC 22 1941 397
Registration District No. _____

Primary Registration District No. 1002

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

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:
3215 Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: **0410**

(a) State Missouri (b) County Jackson **3**

(c) City or town Kansas City **8**
(If outside city or town limits, write "RURAL")

(d) Street No. 3215 Campbell **0**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Arthur W. Beadle

3. (b) If veteran, name war World

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mary F. Beadle

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 1 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>11</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Aaron W. Beadle

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Ida May Wagner

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

16. (a) Informant Mrs. Mary F. Beadle

(b) Address 3215 Campbell

17. (a) Burial (b) Date thereof 11-28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary
Kansas City, Mo.

(b) Address _____

19. (a) 11-25-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1941 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from Oct 1
1941, to Nov 25 1941

that I last saw him alive on Nov 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Chronic arthritis **4 yrs**

Due to _____ **938**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

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) no

(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 D. W. Shushur (M. D. or other) **0**

Address 900 Rialto Bldg. Date signed 11-25-41

FEB 6 1942

Wm. J. ...

*12-31
Plaster
11 29 66
Don't know*

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 *J. J. ...*

Licensed Embalmer No. *2939*

P. O. Address *K.O. ...*

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.