

Registration District No. 399

Primary Registration District No. 1002

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:
5331 Highland /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 5331 Highland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME JOHN BEAMADERFER

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 Widower
6. (b) Name of husband or wife Helen Beamaderfer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 16 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Reading Pa /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired--Carpenter

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace " " Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name " " Unknown
15. Birthplace " " Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva M. Kitzbeck
(b) Address Atchison Kansas

17. (a) Burial (b) Date thereof Jan 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Lurk Godin

(b) Address 179/42 So. N. Lincoln

19. (a) 1/19/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 17 day 17
year 1942 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan 5
1942 to Jan 17 1942
that I last saw him alive on Jan 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death... Bronchial pneumonia 2 days
Due to Coronary occlusion 2 days
Due to Arteriosclerosis 9 1/2 years
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none

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 _____
23. Signature John T. Sherringer (M. D. or other) M.D.
Address 11402 Beardsley Date signed 1-17-42

Duration
2 days
2 days
9 1/2 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

working under my personal supervision.

John Conroy

....., Registered Apprentice No. *307*

Signed.....

Charles M. Quinn

Licensed Embalmer No. *3634*

P. O. Address.....

K. C. 8th

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.