

Registration District No. 1042  
FILED FEB 11 1942

Primary Registration District No. 1002

Registrar's No. 53

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:  
4239 Montgall,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X  
In this community 35 years;  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mrs. Elizabeth Beard,

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife John Beard,

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

7. Birth date of deceased April 30 1844  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>97</u>	<u>8</u>	<u>6</u>	.....hr. ....min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name John Baxter,

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

14. Maiden name Unknown,

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

16. (a) Informant Hattie E. Thomas,

(b) Address 4239 Montgall, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 1- -42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Ham-Blaza, K. C., Mo.

19. (a) Jan 6, 1942 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri, (b) County Jackson,

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

(d) Street No. 4239 Montgall,  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th,  
year 1942 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 15  
1941 to Dec. 21, 1941  
that I last saw her alive on Dec. 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
This patient has been gradually failing in health for the past several weeks followed by an attack of head cold in November. He failed to take necessary food for last week.

Other conditions for last week  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations None

Of autopsy None

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) None

(b) Date of occurrence None

(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? None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature Chas. H. Boyles (M. D. or other)

Address 11232 Ruff Blvd Date signed 1-6-42

Dr. Broyle.  
Reno, Nev.

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. Mo

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.