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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2647

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: 2641 Forest - Nesco Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 49 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City 999
(If outside city or town limits, write "RURAL")
(d) Street No. 3535 Wood ave 14
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Patience Beattie
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race Wht
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John Alix
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug (Month) 31 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
79	10	20	_____ hr. _____ min.

9. Birthplace — (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Rust
13. Birthplace Baltimore (City, town, or county) Md. (State or foreign country)
MOTHER
14. Maiden name Elizabeth Taylor
15. Birthplace Baltimore (City, town, or county) Md. (State or foreign country)
16. (a) Informant Eunice Beattie
(b) Address 35 South 17th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope
18. (a) Signature of funeral director R. A. Fulton
(b) Address 18th & Mast Blvd.
19. (a) July 18, 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1942 hour 10:30 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from July 3, 1942, to July 8, 1942, that I last saw her alive on July 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to 10 [illegible]

Due to

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. D. Williams (M. D. or other)
Address Kansas City Ks. Date signed 7-12-42

(Licensed Embalmer's Statement on Reverse Side)

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 R. A. Fulton

Licensed Embalmer No. 3503

P. O. Address K. C. Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.