

FILED DEC 7 1942  
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4406

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 16 hours  
(Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>

(d) Street No. 3920 McGee  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) <sup>0</sup>  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George H Beverforden

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, 28  
year 1942 hour 4 minute 45 P. M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

21. I hereby certify that I attended the deceased from 11/25, 1942 to 11/27, 1942  
that I last saw him alive on 11/27, 1942  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept 28, 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	2	0	hr. min.

Immediate cause of death \_\_\_\_\_

Due to Chronic bronchitis <sup>2 days</sup>

Due to chronic nephritis <sup>4 years</sup>

Other conditions 131B

9. Birthplace Hanover Germany <sup>4</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation General Laborer - Retired

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Henry Beverforden

13. Birthplace Germany <sup>4</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Reifoldt

15. Birthplace Germany <sup>4</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Marguerite Beverforden

(b) Address 3920 McGee

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

(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? \_\_\_\_\_

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City Mo.

19. (a) 11-19-42 (Date received local registrar)

(b) M. M. Crowe (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. W. Wagner (M. D. or other) <sup>med</sup>

Address 245 Plaza West 8542 Date signed 11/28/42

*Dr. J. M. Hallberg*

**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: *A. R. Haenschel*

Licensed Embalmer No. *4159*

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