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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2414

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Armour Mem. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 months (Specify whether years, months or days)
In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 8100 Wornall Road.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years. 1

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3. (a) PRINT FULL NAME: Dr. Robert Lee Beaumont
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: Widowed
6. (b) Name of husband or wife: Unknown,
6. (c) Age of husband or wife if alive: x years
7. Birth date of deceased: April (Month) 27 (Day) 1862 (Year)

8. AGE: Years 80 Months 8 Days 24 If less than one day hr. min.

9. Birthplace: Weston, Platte Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Physician
11. Industry or business:
MOTHER FATHER
12. Name: Thomas Beaumont
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Lucy Sanford
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Armour Home Record
(b) Address: 81st & Wornall Rd KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation: St Joseph Mo
18. (a) Signature of funeral director: Steve McClure
(b) Address: 3235 Tullman Plaza KC Mo
19. (a) Jan 22-'43 (Date received local registrar) (b) [illegible] (Registrar's signature)

Dr. Annie D. Fraser

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from March 10, 1942, to Jan 20, 1943 that I last saw him alive on Jan 16 - 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditi Chronic	
Due to: Chronic Pericarditis	
Due to: Rheumatic Fever at 10.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: [illegible]
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)
(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: C D Cantrell (M. D. or other)
Address: 636 Argyle Bld Date signed 1-20-43

(Licensed Embalmer's Statement on Reverse Side)

Dr Cantrell
arg 4 LE 136 d 9.

JUL 13 1956

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.....

Licensed Embalmer No. 1415

P. O. Address.....

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.