

FILED AUG 27 1943
Registration District No. 749

Primary Registration District No. 1002

State File No. _____
Registrar's No. 3524

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 4 Day's (Specify whether years, months or days)

In this community 55 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Mae M. BEURSKENS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frank Beurskens

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 25th 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>3</u>	<u>20</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name William Bovard

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

14. Maiden name Lottie Udell

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

16. (a) Informant Joseph F. Beurskens

(b) Address Grandview, Missouri

17. (a) Burial (b) Date thereof 8-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Ce m.

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 8-16-43 (b) D. E. Brown
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th
year 1943 hour 10:50 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 13
1943, to Aug. 15, 1943
that I last saw her alive on Aug. 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Senility

Due to 83w

Other conditions (Include pregnancy within 3 months of death) _____

Duration 3 days

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

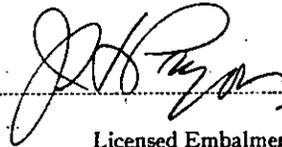
23. Signature Esteyatt (M. D. or other) _____

Address 3850 Grandview Date signed 8-16-43

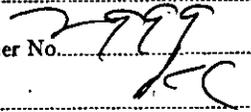
STATEMENT BY LICENSED EMBALMER

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.....



P. O. Address.....

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.