

FILED DEC 22 1943
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 5117

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:
4225 Locust Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO
(Specify whether years, months or days)

In this community 22 years
(Specify whether years, months or days)

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. 4225 Locust Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank W. Beach

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th
year 1943 hour 8:00 minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Julia C. Beach

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 8 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-6, 1942 to 12-4, 1943
that I last saw him alive on 10-14, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 5 2627 hr. _____ min.

Immediate cause of death
Coronary Heart Disease

Due to _____

Due to _____

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

10. Usual occupation Adjustor

11. Industry or business Fire Insurance

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER { 12. Name James K. Beach

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

14. Maiden name Unknown

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

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 George C. Lee (M. D. or D.O.)
Address 1630 St. of Oldy Date signed 12/6/43

16. (a) Informant Mrs. Julia C. Beach

(b) Address 4225 Locust, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-6-43 (Date received local registrar)

(b) D. E. Brown (Registrar's signature)

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

Dr. Geo. Lee of Dr. Lahner, Va 3009

Proff. Belida
P. M.

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 John H Hurley
.....
Licensed Embalmer No. 4050

P. O. Address Kansas City 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.