

FILED MAR 18 1944

Registration District No. 799

Primary Registration District No. 1002

Registrar's No. _____

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:
47 East 55th Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
In this community since 1905
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Herman Hendrick Beels

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 Married

6. (b) Name of husband or wife Mary E. Beels

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

7. Birth date of deceased April 3 1858
(Month) (Day) (Year)

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

85 11 0 hr. min.

9. Birthplace Holland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business x

MOTHER FATHER

12. Name Herman H. Beels,

13. Birthplace Holland, 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown,

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

16. (a) Informant Mrs. Mary E. Beels,

(b) Address 47 E. 55th St., Kansas City, Mo.

17. (a) Cremation (b) Date thereof 3-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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

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

19. (a) 3-4-44 (b) T. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 3

(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")

(d) Street No. 47 East 55th Street,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1944 hour 7:00 minute a. M.

21. I hereby certify that I attended the deceased from 3-3-44
19, to 3-3-44 19;

that I last saw h. alive on 19,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

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 J. N. Hodgen (M. D. or other) MD

Address 700 Plaza Med Bldg Date signed 3-3-44

Dr. Frank H. Hodgson,
Plaza Med. Bldg.,

La 3/50.

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 A. Hawley

Licensed Embalmer No. *4050*

P. O. Address *Kan 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.