

FILED APR 6 1944
Registration District No. 1002

Primary Registration District No. 1002

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:
3930 Troost Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 25 years
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. 3930 Troost
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lewis S. Beville

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marie Beville 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 26th 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 24 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Deputy Sheriff
11. Industry or business Jackson County, Mo.

MOTHER FATHER { 12. Name Ransom M. Beville
13. Birthplace Glasgow, Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Clara Belle Jones
15. Birthplace Covington, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anne L. Harrelson
(b) Address 1013 Grand Ave.
17. (a) Burial (b) Date thereof 3-21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42 Str.
19. (a) 3-20-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-1 1944 to 3-19 1944

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

Immediate cause of death Arterial Hypertension
Heart Coronary thrombosis
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy aka
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) _____ Means of injury _____
23. Signature Paul F. Dent (M. D. or _____)
Address 1612 Perry 120 84 Date signed 3-20-44

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

*By Order of the Board of Health
of the State of Mississippi
J. S. Johnson*

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..... *Elmer C. Medlin*.....
Licensed Embalmer No. *3495*.....
P. O. Address..... *H. C. 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.