

FILED MAR 24 1945

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1127

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: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-DAY (Specify whether
In this community 15 YEARS
years, months or days)

3. (a) PRINT FULL NAME MRS LULA M BEAM BEAUCHAMP

3. (b) If veteran, name war No 3. (c) Social Security No. 42-14-5795

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. JACK A. BEAUCHAMP 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased DECEMBER 9 - 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 3 0 hr. min.

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

10. Usual occupation TAILORESS

11. Industry or business THE MARIEA-SHOP

12. Name A. C. BEAM

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

14. Maiden name EMMA BEARINGTINE

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

16. (a) Informant MRS. DEARMOND GREGORY

(b) Address 3723 WYANDOTTE STREET

17. (a) Burial (b) Date thereof March 9 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director D. H. Newcomer, Sons

(b) Address 1401 BRUSH GREEN BLDG

19. (a) 3-10-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY MO
(If outside city or town limits, write "RURAL")
(d) Street No. 3723 WYANDOTTE STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9TH year 1945 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 9TH Only - 1945 to March 9TH 1945
that I last saw h. af alive on March 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus with generalized metastasis
Due to metastasis

Other conditions 48h
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of uterus
Of autopsy Carcinoma of uterus

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 0
23. Signature J. J. Farnsworth (M. D. or other)
Address 780 Poplar Bldg Date signed 3/10/45
K.E. Mu

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

18
20

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Professional Body

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address K 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.