

FILED JAN 31 1946

Primary Registration District No. 1002

Registrar's No. 171

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:
2305 Mersington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 21 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 2305 Mersington ⁸
(If rural, give location)

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

3. (a) PRINT FULL NAME Elemeth T. Beitman

3. (b) If veteran, name war No

3. (c) Social Security No. 486-09-1839

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8 year 1946 hour 10:32 minute a M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April 8, 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Coram, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>9</u>	<u>0</u>	hr. _____ min.

Immediate cause of death Coronary relesion

9. Birthplace Saline County Nebr.
(City, town, or county) (State or foreign country)

Due to Arterio sclerosis

Due to _____

10. Usual occupation Salesman

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

11. Industry or business Grolier Society

Major findings: _____

12. Name John Beitman

Of operations _____

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

Of autopsy no

14. Maiden name Viola Arma
(City, town, or county) (State or foreign country)

History + 9. myocardium

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Margaret Beitman

(a) Accident, suicide, or homicide (specify) _____

(b) Address 2305 Mersington

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Floral Hills Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director C. H. Blackman & Son,

(Specify type of place) _____

(b) Address Kansas City, Mo.

(e) Means of injury _____

19. (a) 1-12-46 (b) Sarahline Palmer
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

(Date received local registrar) _____

Address [Address] Date signed 1-20-46

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

835

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..... *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *P. 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.