

S. No. 2  
DM-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23489

State File No.

**FILED** JUL 31 1948

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3042

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:  
3606 Park St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether  
45 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. 3606 Park  
(If rural, give location)

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

3. (a) PRINT FULL NAME John Milton Beatty

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Clara Belle Beatty

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased February 14, 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 23  
If less than one day hr. min.

9. Birthplace Montgomery County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business none

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown 9

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

16. (a) Informant Mrs. Fred Miller

(b) Address Holden, Missouri.

17. (a) burial (b) Date thereof July 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller Mausoleum Holden, Missouri.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) 7-12-46 (b) Athaline Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1946 hour 12:15 minute P M.

21. I hereby certify that I attended the deceased from 7-4-46  
to 7-7-46  
that I last saw him alive on 7-6-46  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis  
Chr. diffuse atherosclerosis  
general arteriosclerosis  
Prostatic obstruction (benign)

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration 7 days

Major findings:  
Of operations 1310

Of autopsy

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 Prof. J. P. ... (M. D. or other)  
Address Prof. J. P. ... Bldg. Date signed 7-12-46

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

**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 *M L Canaday*.....

Licensed Embalmer No. *3434*.....

P. O. Address *Walden, 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.**