

FILED DEC 9 1946
199

Registration District No.

Primary Registration District No. 1002

Registrar's No. 5015

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 1 day
(Specify whether
In this community 40 Years
years, months or days)

3. (a) PRINT FULL NAME C. Ezra Beyer
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 14, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>15</u>	hr. min.

9. Birthplace: Tipton Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Salesman

12. Name Henry Beyer

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

14. Maiden name Susan Davis

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

16. (a) Informant H. W. Beyer

(b) Address 2409 Jackson

17. (a) Burial (b) Date thereof 12-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Wagner Funeral Home While at work? (Specify type of place)
(b) Address Kansas City, Missouri (c) Means of injury

19. (a) 11-30-46 (b) Seraldine Holme
(Date received local registrar) (Registrar's signature)

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. 315 W. 9 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 28 19 46 to Nov. 29 19 46
that I last saw him alive on Nov. 29 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 107
Of operations
Of autopsy None
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?
Signature W. W. Hart (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 11-30-46

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

MOTHER FATHER

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..... *Cecil R. Matthes*

Licensed Embalmer No. *3807*

P. O. Address. *Kansas 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.