

FILED MAY 12 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 619

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2101 1/2 St. Joseph 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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2101 1/2 St. Joseph Ave  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NEWTON-S-BEATTY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race Wht

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased: Feb 14 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 2 17 hr. min.

9. Birthplace Buchanan Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Building Laborer, Retired

11. Industry or business Construction Wk

MOTHER FATHER

12. Name George W Beatty

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

14. Maiden name Beatty Denton

15. Birthplace Morgan Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm H Beatty

(b) Address 1307 Fred. Ave. St. Joseph Mo

17. (a) B (b) Date thereof May 3 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director James Funeral Home

(b) Address St. Joseph Mo

19. (a) May 8, 1947 (b) E. C. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1947 hour about minute 22 A. M.

21. I hereby certify that I attended the deceased from May 1st 1947 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 3

23. Signature B. W. Tadlock Coroner  
(M. D. or other)

Address 1110 Hill Bldg Date signed 5/24/47

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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.....

Charles Marshall Harmon ; Registered Apprentice No. 450  
working under my personal supervision.

Signed

John L. Hurley

Licensed Embalmer No. 4050

P. O. Address St. Joseph 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.**