No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 199

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27577

Primary Registration District No. 1002

Registrar's No. 3555

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 808 E. 33rd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS. CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 808 E. 33rd St. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARTHA. ELLEN. BECK
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. JOHN. A. BECK.
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JAN. (Month) 12 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	7	7	hr. min.

9. Birthplace HOUSTON. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation
11. Industry or business AT. HOME
FATHER
12. Name HENRY. HARMON.
13. Birthplace GREEN. CO. (City, town, or county) TENNESSEE (State or foreign country)
MOTHER
14. Maiden name ELIZA. M. ELMORE
15. Birthplace BRADLEY CO (City, town, or county) TENNESSEE (State or foreign country)
16. (a) Informant Miss Ines. Beck.
(b) Address 808 E. 33rd St. KC Mo
17. (a) REMOVAL. (Burial, cremation, or removal) (b) Date thereof 8/19-47 (Month) (Day) (Year)
(c) Place: burial or cremation HOUSTON. MO
18. (a) Signature of funeral director D.W. Newcomer Sons
(b) Address 1401 Brush Creek KC Mo
19. (a) 8-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 19th
year 1947 hour 3 minute 00 A M.

21. I hereby certify that I attended the deceased from April 30, 1947 to Aug. 19, 1947
that I last saw her alive on Aug. 16, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Bronchopneumonia.	1 day
Due to Fracture of Neck of Right Femur.	Since Apr. 30 1947
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None 1860 18
Of autopsy None

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence April 30, 1947
(c) Where did injury occur? Kansas City (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? NO (e) Means of injury Fall

23. Signature Kenneth G. Davis (M. D. or other) M.D.
Address 201 Plaza Theater Bldg Date signed
Kansas City, Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

10:30 AM - 3 PM

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.