

Registration District No. **149**

Primary Registration District No. **1002**

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

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: **5545 Brooklyn**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **since 1918** 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. **5545 Brooklyn** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Harvey Milton Beaver**

3. (b) If veteran, name war **X X no**

3. (c) Social Security No. **X X none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary L. Beaver** 6. (c) Age of husband or wife if alive **3** years

7. Birth date of deceased **April 1860** (Month) (Day) (Year)

8. AGE: Years **87** Months **6** Days **24** If less than one day hr. min.

9. Birthplace **Huntingdon County, Indiana** (City, town, or county) (State or foreign country)

10. Usual occupation **Doctor of medicine**

11. Industry or business \_\_\_\_\_

12. Name **Sosiah Beavers**

13. Birthplace **Penn. I** (City, town, or county) (State or foreign country)

14. Maiden name **Sarah White**

15. Birthplace **Fayette Indiana I** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Benjah B. Wilson**

(b) Address **5545 Brooklyn, Kansas City, Mo**

17. (a) **Burial** (b) Date thereof **10-29-1947** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Olathe City Cemetery**

18. (a) Signature of funeral director **H. E. Wilson**

(b) Address **Olathe, Kansas**

19. (a) **10-27-47** (b) **S. R. Palmer** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Oct 27** day **27** year **1947** hour **7:50** minute **A.M.**

21. I hereby certify that I attended the deceased from **Oct 27** to **Oct 27** 19**47** that I last saw him alive on **Oct 23** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Intermittent nephritis**  
**Over 3 yrs**

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

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

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

Major findings: Of operations **131a**

Of autopsy \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature **S. W. Fair** (Date signed) **10/27/47**

Address **404 1/2 W 75th St**

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.E. Julein*  
.....  
Licensed Embalmer No. *2042*  
P. O. Address *Clarks Tso*

**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.**