

FILED MAR 13 1948
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: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

In this community **40 years**

3: (a) PRINT FULL NAME **Mrs. Lucy J. BEAMER**

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

3. (c) Social Security No. **495-01-4273**

4. Sex **female** / 5. Color or race **white**

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

6. (b) Name of husband or wife **Jasper Beamer**

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

7. Birth date of deceased **December 12, 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	2	15	hr. _____ min. _____

9. Birthplace **Corder Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **McPike Drug Company**

12. Name **J. S. Hackley**

13. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan E. Gaines**

15. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Eloise Beamer**

(b) Address **4510 Chestnut St., K.C., Mo**

17. (a) **Removal** (b) Date thereof **2-29-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Corder, Missouri**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **2-28-48** (b) **Stradhine Holmes**
(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. **4510 Chestnut**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **27**
year **1948** hour **4** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **Pathologist** to **_____**, 19**_____**; that I last saw **_____** alive on **_____**, 19**_____**; and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Bronchopneumonia**

Due to **Gravel & Hyp**

Due to **_____**

Other conditions **186a**
(Include pregnancy within 3 months of death)

Major findings: Of operations **_____**

Of autopsy **_____**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **2-28-48**

(c) Where did injury occur? **1500 Jackson St**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
fall at home

While at work? **no** (Specify type of place) (e) Means of injury **fall**

23. Signature **Dr. Stradhine Holmes** (M. D. or other) **_____**

Address **1500 Jackson St** Date signed **28 Feb 48**

MOTHER FATHER

Dr. Hess
or
Mrs. Mullin (c.m.)

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 Russell N France
Licensed Embalmer No. 4255
P. O. Address KC 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.