

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

12414

1593

FILED APR 24 1948
Registration District No. 1449

Primary Registration District No. 1002

Registrar's No.

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:
3323 WAYNE AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community WIFE
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. 3323 WAYNE AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. WILLIAM EDWARD BEATTY
3. (b) If veteran, name war No 3. (c) Social Security No. 496-01-6789

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11TH
year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 25
1946 to April 11, 1948
that I last saw him alive on 4/10, 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. ANNA BEATTY 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased JANUARY, 19 1878
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 2 wks
Due to arteriosclerosis 29 years

8. AGE: Years Months Days If less than one day
70 2 22 hr. min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) g'30

9. Birthplace INDEPENDENCE MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation ART BUYER

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business GEORGE B. PECK
12. Name CHARLETON BEATTY
13. Birthplace INDEPENDENCE MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name CORDELIA ATKINSON
15. Birthplace INDIANA
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Taylor White
(b) Address 6945 Paseo
17. (c) BURIAL (b) Date thereof APR 13-1948
(Burial, cremation, or removal) WOODLAWN CEMETERY
(c) Place: burial or cremation INDEPENDENCE, MISSOURI
18. (a) Signature of funeral director O. H. Newcomer Sons
(b) Address 1401-BRUSH CREEK BLDG.
19. (a) 4-12-48 (b) Sheraldine Holman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature H. Streuter (M. D. or other) _____
Address 900 Plato Bldg Date signed 4/12/48

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

MOTHER FATHER

48
3
8

900 Pruitts Bldg
12:30-3

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.