

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23027

FILED JUL 22 1948

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 2882

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: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
In this community 40 years
(Specify whether 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. 624 Olive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME MAE BEARDEN
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 Widow
6. (b) Name of husband or wife George Bearden Deceased 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 2 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July, day 12 1948 hour 3:30 minute 20 A.M.
21. I hereby certify that I attended the deceased from July 6-12 1948
1948 to July 12 1948
that I last saw her alive on July 11 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 8 Days 10 If less than one day hr. min.

Immediate cause of death Acute Interstitial Nephritis Duration 1 week
Due to Chronic Myocarditis
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations 932
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Home

11. Industry or business X

12. Name Martin Kirk
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Emma Shelton
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Ten Roush
(b) Address Golden Oaks, No. K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Cartersville, Missouri

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 7-13-48 (Date received local registrar) Stearldine Holmes (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

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

Signature A. M. Wheeler (M. D. or other)

Address 552 Main St. Date signed 7-12-48

K.C.R.

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

MOTHER FATHER

plus

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 *Chas E. Wilks*

Licensed Embalmer No *2644*

P. O. Address *K.C. 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.