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U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32788**
Registrar's No. **4020**

FILED NOV 4 1948
Registration District No. **1948**

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:
4816 E. 18th. St. Terrace /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 years** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **Mrs. Emily Beamon**
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 **Frank R. Beamon**
6. (c) Age of husband or wife if alive **12th. 1849** years (Day) (Year)

7. Birth date of deceased **December 12th. 1849** (Month) (Day) (Year)
8. AGE: Years **98** Months **9** Days **19** If less than one day hr. min.

9. Birthplace **Spartan Mo. D** (City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

11. Industry or business
12. Name **Staff unknown**
13. Birthplace **Don't know** (City, town, or county) (State or foreign country)
14. Maiden name **Emily Huff**
15. Birthplace **Don't know** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ada St John**
(b) Address **4816 E. 18th. St. Terrace**
17. (a) **Burial** (b) Date thereof **10-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Missouri**
19. (a) **10-4-48** (b) **Herseldine 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. **4816 E. 18th. St. Terrace**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **1st.**
year **1948** hour **6** minute **10 P.M.**
21. I hereby certify that I attended the deceased from **June 1946** to **Oct 1 1948**
that I last saw him alive on **Oct 1 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to **arterio sclerosis**
Other conditions **Senility (age 98)**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **8/30**
Of autopsy **8/30**

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) **Ralph Perry**
(e) Means of injury **→**
23. Signature **Ralph Perry MD** (M. D. or other) **MD**
Address **4800 E 24** Date signed **10-2-48**

Duration **12 hrs**
PHYSICIAN
Underline the cause to which death should be charged statistically.

1000
1 - 5:30

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address X. O. 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.