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FILED JAN 10 1949

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1410

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 3 mos. 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 624 W. 20th ⁸
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) ¹

If yes, name country

3. (a) PRINT FULL NAME HENRY CHARLES BEYER

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 1948 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from 9-11-1947 to 12-15-1948
that I last saw him alive on 12-15-1948
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 Annie Beyer

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

7. Birth date of deceased 3-17-1868
(Month) (Day) (Year)

Immediate cause of death Cancer of Prostate ^{7 years}

8. AGE: Years 80 Months 9 Days 0 If less than one day --- hr. --- min.

Due to

Due to

Other conditions arterio-sclerosis ^{12 years}
(Include pregnancy within 3 months of death)

9. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Carpentry

12. Name unknown ⁹

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown ⁷

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: 51B

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Annie Beyer

(b) Address 624 W. 20th, Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-22-48
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Eura Clark

(b) Address 120 Illinois Ave

19. (a) 1-5-49 (Date received local registrar)

(b) E. G. Jenkins (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

(c) Where did injury occur?

(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 ---

23. Signature Parrest Thomas (M. D. or other) ⁶

Address State Hospital No. 2 Date signed 12-7-48

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

MOTHER FATHER

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.....

..... *B. J. Cheney*, Registered Apprentice No. *294*
working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *4238*

P. O. Address *St. Joseph 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.