

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

33758

Registrar's No. 4340

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4340	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson 47			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 0				d. STREET ADDRESS (If rural, give location) 504 Benton 9 0			
3. NAME OF DECEASED (Type or Print) Thomas Clay Beery			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 10-9-49	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT-10-1869	
9. AGE (In years last birthday) 79 YEARS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER		11. BIRTHPLACE (State or foreign country) PLATTE CITY MISSOURI	
11. BIRTHPLACE (State or foreign country) PLATTE CITY MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME NOAH WEBSTER BEERY		13b. MOTHER'S MAIDEN NAME LUCRETIA JANE FARMER	
13a. FATHER'S NAME NOAH WEBSTER BEERY		13b. MOTHER'S MAIDEN NAME LUCRETIA JANE FARMER		14. NAME OF HUSBAND OR WIFE MRS. ETTA GENE BEERY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-05-9833A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ETTA GENE BEERY, 504 BENTON BLVD, KANSAS CITY, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 21, 1949, to Oct. 9, 1949, that I last saw the deceased alive on Oct. 9, 1949, and that death occurred at 5 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. W. Hart (Degree or title)				23b. ADDRESS MED. DIR. R. @ GENERAL HOSPITAL		23c. DATE SIGNED OCT-10-1949	
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE OCT-11-1949		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) PLATTE CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 10-11-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.			

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

*Dr. C. ...*

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Jess T. Devo* .....

Licensed Embalmer No. *4453* .....

P. O. Address *Texas City* .....

**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.