

FILED JUL 22 1950 STANDARD CERTIFICATE OF DEATH

23475

State File No. _____

Registrar's No. 2945

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2945	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) SOYEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		2638	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1710 BRUSH CREEK PARKWAY				d. STREET ADDRESS (If rural, give location) 1710 BRUSH CREEK PARKWAY			
3. NAME OF DECEASED (Type or Print) a. (First) MYRA		b. (Middle) LOUISE		c. (Last) BEYMER		4. DATE OF DEATH (Month) (Day) (Year) JULY-3-1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB-2-1868	
9. AGE (In years last birthday) 82 YEARS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ROSSVILLE ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME WILLIAMSON SMITH		13b. MOTHER'S MAIDEN NAME MARY STEWART		14. NAME OF HUSBAND OR WIFE CHARLES O. BEYMER	
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.		17. INFORMANT'S SIGNATURE OR NAME MISS ROSEMARY BEYMER			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, L. Kidney				INTERVAL BETWEEN ONSET AND DEATH 8 MO.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				180 N	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension				6 years	
19a. DATE OF OPERATION 10-29-49		19b. MAJOR FINDINGS OF OPERATION Carcinoma, L. Kidney				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Nov. 1947, to 7-3-1950, that I last saw the deceased alive on 7-2-1950, and that death occurred at 8:55 a.m., from the causes and on the date stated above.							
23a. SIGNATURE James A. Jarvis (Degree or title)				23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 7-3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-5-50		24c. NAME OF CEMETERY OR CREMATORY FORESTHILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 7-5-50		REGISTRAR'S SIGNATURE Maudine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Proconero Sons 1391 BRUSH CREEK PARKWAY KANSAS CITY, MO.			

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

1-5

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Doyle L. Daniel

Signed.....

Student Embalmer

Licensed Embalmer No. 4707

P. O. Address Harison City, 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.