

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25179
 Do not use this space.

AUG 14 1939

1. PLACE OF DEATH
 (a) County Butler Registration District No. 92
 (b) Township Pallas Bluff Primary Registration District No. 31347B
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Rae Lambert Beckham
 (a) Residence, No. 3 1/2 N. Pallas Mo St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12-1938

7. AGE YEARS MONTHS DAYS 1 1 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo

FATHER
13. NAME Lasse Beckham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co Mo

MOTHER
15. MAIDEN NAME Carrie Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo

17. INFORMANT (ADDRESS) Joe L. Smith Pallas Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pallas Cem DATE Aug 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. N. Phelps Pallas Bluff Mo

20. FILED 8-16-39 Thos. Campbell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-28 1939, to 8-2 1939
 I last saw him alive on 8-1 1939. Death is said to have occurred on the date stated above, at 2:15 m.
 The principal cause of death and related causes of importance were as follows:
Acute Enterocolitis
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) J. H. Selley M. D.
Pallas Bluff Mo (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.