

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

39587  
 Do not use this space.

DEC 15 1939

**1. PLACE OF DEATH**

(a) County Green Registration District No. 318  
 (b) Township Green Primary Registration District No. 2001 Registered No. 804  
 (c) City Springfield Mo (d) Street No. Springfield Baptist Hospital St.  
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. Waldo Beck St.  Fristal Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Beck  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1899  
 7. AGE YEARS 40 MONTHS 0 DAYS 11 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. WBA  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/4 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1939, to 11-4, 1939  
 I last saw him alive on 11-3, 1939 Death is said to have occurred on the date stated above, at 7:30 a m.  
 The principal cause of death and related causes of importance were as follows:

Perforated Peptic Ulcer Date of onset ?  
11/4

Other contributory causes of importance:

Peritonitis (General)

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Iowa

**FATHER**

13. NAME Nelson Beck

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Iowa

**MOTHER**

15. MAIDEN NAME Ella Farknoster

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Ill

**17. INFORMANT (ADDRESS)**

Minnie Beck  
Fristal Mo

**18. BURIAL, CREMATION, OR REMOVAL PLACE**

New Home DATE 11/5 1939

**19. FUNERAL DIRECTOR (ADDRESS)**

J. L. Key  
Wheatland Mo

**20. FILED**

Nov. 4, 1939 Chas. A. George  
 Local Registrar

Name of operation None Date of None  
 What test confirmed diagnosis? Exam 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?  
 If so, specify .....  
 (Signed) J. L. Johnston, M. D.  
 (Address) Springfield, Mo.

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

**STATEMENT BY LICENSED EMBALMER**

X I, JR Luckey, Licensed Embalmer No. 2982

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed..... JR Luckey

Licensed Embalmer No. 2982

**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.)**