

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

43443
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township Springfield Primary Registration District No. 5440
 (c) City or SPRINGFIELD (d) Street No. Route # 9 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 Thomas P. Becker

(a) Residence, No. Route # 9 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) St. Charles
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John W. Becker
 14. BIRTHPLACE (CITY OR TOWN) Baden
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Lucrecia Simon
 16. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY)

17. INFORMANT Kenneth Becker
 (ADDRESS) Route # 9 Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Roberts Cem. DATE Dec. 26 1939

19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED 12/26/1939 Chas. A. George M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1939 to Dec 23 1939
 I last saw him alive on Dec 23 1939. Death is said to have occurred on the date stated above, at 5:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
 Date of onset
 Other contributory causes of importance: 92h

Name of operation Cranial Date of
 What test confirmed diagnosis? Cranial Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury
 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) Marshall M. D.
 (Address) Springfield Mo

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.....

L. Arthur Gorman

Licensed Embalmer No.....

2177

P. O. Address.....

Springfield, 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, above space should be left blank.

