

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6746**

**MAR 14 1941**  
Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **15**

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

**1. PLACE OF DEATH:**  
 (a) County Cooper  
 (b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Dr. Alex Van-Ravensway Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 Hours  
(Specify whether)  
 In this community 3 Weeks  
years, months or days

**3. (a) PRINT FULL NAME** Bobby Joe Becker  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Baby  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** 17 **years**  
alive  
**7. Birth date of deceased.** Jan. 17, 1941  
(Month) (Day) (Year)

**8. AGE:** Years 0 Months 0 Days 19 If less than one day hr. min.

**9. Birthplace** Boonville, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** William O. Becker  
**13. Birthplace** Warren County, Mo.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Elta Ivy  
**15. Birthplace** Howard County, Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** William O. Becker  
**(b) Address** Franklin Mo. R#1

**17. (a)** Burial **(b) Date thereof** Feb. 7, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Chapel

**18. (a) Signature of funeral director** [Signature]

**(b) Address** Boonville Mo.

**19. (a)** 2-5-41 **(b)** [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Howard 45  
 (c) City or town Franklin, Mo. R/R. # 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 5th day Feb.  
 year 1941 hour 11 minute 30 P. M.

**21. I hereby certify that I attended the deceased from** Feb. 5  
 \_\_\_\_\_, 1941, to Feb. 6, 1941;  
 that I last saw him alive on Feb. 6, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pulmonary atelectasis Rt.  
supra  
 Due to strangled while nursing  
 Due to \_\_\_\_\_

Other conditions Malnutrition  
(include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
1st

**28. Signature** [Signature] (M. D. or other) \_\_\_\_\_  
 Address Boonville, Mo. Date signed Feb. 7, 1941

Duration  
12 hrs.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-7-41

**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.**