V. S. No. 2
M—4-13-40
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7004

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 99

39
0
0

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical center for federal prisoners. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month 16 days. (Specify whether
In this community 1 Month 16 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County Unknown 39
(c) City or town Hanford, 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Unknown
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BECKNELL, Robert H. 2728-H

3. (b) If veteran, name war World War

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None
None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased March 5, 1888.
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Hanford, California. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business Unknown

FATHER
12. Name John. Becknell
13. Birthplace Unknown Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Keith
15. Birthplace Unknown Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Deceased
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Alma Johnsey
(b) Address Springfield Mo

19. (a) 2-7-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3
year 1941 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from December 17, 1940
, 19 , to February 3, 1941;
that I last saw him alive on February 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of the brain.
Since admission.
no malignancy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tumor of the brain.

Duration

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

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Lone Mrs Cogen (M. D. or other)
Address Clinical Director MCFP Date signed 2-4-41

(Licensed Embalmer's Statement on Reverse Side)

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 Harlow Knabb

Licensed Embalmer No. 4065

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, fact should be so stated above.