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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10222
Registrar's No. 70

Registration District No. 104
Primary Registration District No. 3008

1. PLACE OF DEATH: *Callaway*
(a) County
(b) City or town *Fulton*
(c) Name of hospital or institution: *State Hosp. #1*
(d) Length of stay: In hospital or institution *Since Dec 18-1938*
In this community *years, months or days*

2. USUAL RESIDENCE OF DECEASED: *14*
(a) State *Mo.* (b) County *Franklin*
(c) City or town *New Haven*
(d) Street No. *D*
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME *Sarah Sarah Francis Becker*
3. (b) If veteran, name war
3. (c) Social Security No. *none*

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *March* day *11*
year *1941* hour *5:45* minute *P.* M.

4. Sex *Female* 5. Color or race *white*
6. (b) Name of husband or wife *Henry J. Becker*
7. Birth date of deceased *Sept 10 1867*

21. I hereby certify that I attended the deceased from *Jan 1st 1941*
that I last saw her alive on *March 11 1941*
and that death occurred on the date and hour stated above.

8. AGE: Years *73* Months *6* Days *1*
If less than one day hr. min.

Immediate cause of death *Chronic myocarditis* Duration
Due to *Generalized arteriosclerosis*

9. Birthplace *New Haven Mo.*
10. Usual occupation *Housewife*

Other conditions *Senile Psychosis*
Major findings: Of operations
Of autopsy *none*

MOTHER FATHER
12. Name *L. C. Tate*
13. Birthplace *Pa.*
14. Maiden name *Charlotte Hopkins*
15. Birthplace *Tenn.*

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

16. (a) Informant *State Hosp. records*
(b) Address
17. (a) *Burial* (b) Date thereof *3-14-41*
(c) Place: burial or cremation
18. (a) Signature of funeral director *Stephen May*
(b) Address *Becker Mo*
19. (a) *3-11-41* (b) *R. N. Crews*

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature *P. S. Tate* (M. D. or other)
Address *State Hosp. 701 7 Fulton* Date signed *3-11-41*

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

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.....

Herman Blumer

Licensed Embalmer No.....

578

P. O. Address.....

Berger 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.