

APR 7 1941
707

Registration District No. _____

Primary Registration District No. **6220**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **WRIGHT Pleasant**
(b) City or town **MANSEFIELD Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **40 yrs** years, months or days

8. (a) PRINT FULL NAME **JAMES BECKETT**

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 **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **JULY 25 1884**
(Month) (Day) (Year)

8. AGE: Years **57** Months **7** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **CLAY Co. MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

MOTHER FATHER

12. Name **THOMAS BECKETT**
13. Birthplace **NOT KNOWN** 9
(City, town, or county) (State or foreign country)
14. Maiden name **LISSIE WOODS**
15. Birthplace **NOT KNOWN** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Homer Hedrick**

(b) Address **MANSEFIELD MO.**

17. (a) **BURIAL** (b) Date of interment **MAY 9 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PLEASANT HOPE Cem.**

18. (a) Signature of funeral director **Geo. Steffe**

(b) Address **MANSEFIELD MO.**

19. (a) **Mch. 12/1941** (b) **J. M. D. Short**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **WRIGHT**
(c) City or town **MANSEFIELD - RURAL**
(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 **MARCH** day **7th**
year **1941** hour **1** minute **45 P. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on **March 7**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Valvular Heart Disease**

Due to **He had recently received medical treatment**
Due to **for the above stated and has found dead on the highway**

Other conditions **None**
(Include pregnancy within 3 months of death)
Major findings: **No marks of violence**
Of operations _____

Of autopsy **None**

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? _____

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

23. Signature **Geo. Steffe** (M. B. or other) **3**
Address **Mansefield Mo** Date signed **3/7/41**

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

RECEIVED

District Health Officer No. 6,

District File Number 441-531

Date Filed APR 4 1944

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

J. A. Steffe

Licensed Embalmer No. 3221

P. O. Address

Manfield, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12424

Registration District No. 907

Primary Registration District No. 6220

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Pleasant View T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James Beckett

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 12 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 7
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____
(include pregnancy within 9 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature F A Steffe Coroner
(M. D. or other)
Address Marshall in Date signed _____

SUPPLEMENTARY

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

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