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DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH  
FILED SEP 27 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29563

State File No. ....

Registration District No. 830

Primary Registration District No. 6091

Registrar's No. 24

1. PLACE OF DEATH:-  
 (a) County Shelby  
 (b) City or town Rural - Sellersburg  
 (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.....  
 In this community 40- years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Shelby  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Clarence Elmer Beckett  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 8 day 31  
 year 1941 hour 4 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from 1939  
 to 8-11-41  
 that I last saw him alive on 8-11-41  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single/widowed, married, divorced 1 married  
 6. (b) Name of husband or wife Lucie O. Beckett  
 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased NOV 27 1875  
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
 Due to Hypertension  
 Duration 4 hrs  
 Other conditions 430  
 (Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 8 Days 15 If less than one day  
 9. Birthplace Bower Ill  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business.....  
 12. Name William Thomas Beckett  
 13. Birthplace Campton Ill  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Esther Downing  
 15. Birthplace Campton Ill  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Lucie O. Beckett  
 (b) Address Sakenan Mo  
 17. (a) Rural (b) Date thereof 8-14-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Shelby Funeral  
 18. (a) Signature of funeral director Ernest Ewan  
 (b) Address Manassas Mo  
 19. (a) 8-14-41 (b) Ruth Jaimes  
 (Date received local registrar) (Registrar's signature)

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 A  
 23. Signature G. M. Hood (M. D. or other)  
 Address Shelby Mo Date signed 8-13-41

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

RECEIVED

District Health Officer No. 10

District File Number 9-41-1746

Date Filed SEP 18 1941

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, ME

....., Registered Apprentice No.....  
working under my personal supervision.

Signed George Ewan

Licensed Embalmer No. 1754

P. O. Address Hannumell Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.