

JAN 7 1942

State File No. \_\_\_\_\_

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 341

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

1. PLACE OF DEATH: *Callaway*  
 (a) County \_\_\_\_\_  
 (b) City or town *Fulton*  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: *State Hospital no 12*  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution *11 mo 19 days*  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME *JESSE - BECK*  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. *None*

4. Sex *MO* 5. Color or race *N*  
 6. (a) Single, widowed, married, divorced *Married*  
 6. (b) Name of husband or wife *Pearl Beck*  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased *July 23 1885*  
 (Month) (Day) (Year)

8. AGE: Years *56* Months *5* Days *2* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Missouri*  
 (City, town or county) (State or foreign country)  
 10. Usual occupation *Labourer*

11. Industry or business \_\_\_\_\_  
 12. Name *John Beck*  
 13. Birthplace *OK*  
 (City, town, or county) (State or foreign country)  
 14. Maiden name *OK*  
 15. Birthplace *OK*  
 (City, town, or county) (State or foreign country)

16. (a) Informant *Records*  
 (b) Address *Records*  
 17. (a) *Records* (b) Date thereof *Dec. 27, 1941*  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation *Kirkville, Mo.*

18. (a) Signature of funeral director *Ellen Y. Manning*  
 (b) Address *700 Court St. Fulton, Mo.*  
 19. (a) *Dec. 27, 1941* (b) *R. N. Crewe*  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State *Mo* (b) County *Adair*  
 (c) City or town *Kirkville*  
 (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.? *0* years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *Dec* day *25*  
 year *1941* hour *5* minute *35 P.* M.  
 21. I hereby certify that I attended the deceased from *Dec 24*  
 \_\_\_\_\_, 19*41*, to *Dec 25*, 19*41*;  
 that I last saw him alive on *Dec 25*, 19*41*  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to *Cerebral thrombosis*  
*Ischemic arteriosclerosis*  
 Due to \_\_\_\_\_  
 Other conditions *psychosis & Ischemic heart disease*  
 (Include pregnancy within 3 months of death) *Lucyphelia*

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy *308*

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 \_\_\_\_\_  
 23. Signature *John Imperatrice* (M. D. or other) *M.D.*  
 Address *Fulton Mo* Date signed *12/25/41*

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**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 Glen Y. Mansin  
Licensed Embalmer No. 21725  
P. O. Address Fulton, 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.**