S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

Registration District No. 1479

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32622

Primary Registration District No. 1002

Registrar's No. 3844

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kan City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3453 Brooklyn /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)

In this community: 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kan City Mo
(If outside city or town limits write "RURAL")

(d) Street No.: 3453 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

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3. (a) PRINT FULL NAME: Octa J. Beck

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: fe /

5. Color or race: W

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

6. (b) Name of husband or wife: Silas

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: Feb 3 1873
(Month) (Day) (Year)

8. AGE: Years: 69 Months: 8 Days: 15 If less than one day: hr. min.

9. Birthplace: Penrose N. Carolina /
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: none

MOTHER FATHER

12. Name: Evan Lally

13. Birthplace: N. C. /
(City, town, or county) (State or foreign country)

14. Maiden name: Catherine Pickelsimer

15. Birthplace: N. Carolina /
(City, town, or county) (State or foreign country)

16. (a) Informant: L B Phillips

(b) Address: 6316 Oak

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/20/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cem

18. (a) Signature of funeral director: Snow Mayberry

(b) Address: 2315 Linwood

19. (a) 10/19/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct 18 day: Sunday year: 1942 hour: minute: 11 30 a.m.

21. I hereby certify that I attended the deceased from Oct 17, 1942 to Oct 18, 1942 that I last saw him alive on Oct 18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Arteriosclerosis & hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94a	

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? (Specify type of place)

While at work: (e) Means of injury:

23. Signature: J. L. Dyer (M. D. or other)

Address: 1010 Professional Bldg. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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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.....Roy E Snow.....

Licensed Embalmer No.....2560.....

P. O. Address.....KC 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.