

FILED DEC 31 1942

State File No.

4817

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 Days**
(Specify whether
 In this community **10 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3827 Bellefontaine Avenue**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **-----**

3. (a) PRINT FULL NAME **Mr. David Henry Becker**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-10-3536**

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Ruth Becker** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **September 17 1885**
(Month) (Day) (Year)

8. AGE: Years **57** Months **3** Days **8** If less than one day **hr. min.**

9. Birthplace **Hardy Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Sears-Roebuck**

12. Name **Oliver Newton Becker**
 13. Birthplace **Frederick, Md.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth**
 15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruth Becker**
 (b) Address **3827 Bellefontaine Avenue**

17. (a) **Burial** (b) Date thereof **Dec. 28, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **W. H. McCormick, Son**
 (b) Address **1401 Brush Creek Blvd.**

19. (a) **12-26-42** (b) **M. M. Crowl**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25th**
 year **1942** hour **1** minute **55 P. M.**

21. I hereby certify that I attended the deceased from **Dec 9**, 19**42**, to **Dec 25**, 19**42**, that I last saw him alive on **Dec 25**, 19**42**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **16 days**

Due to **Hypertension** **1 week**

Due to **87A**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy

Duration

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) (e) Means of injury

23. Signature **E. J. E. Evans** (M. D. or other)
 Address **911 W. Adams Blvd.** Date signed **12-6-42**

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

MOTHER FATHER

ME

911 McAllister Bldg.
12-4

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 Ernest C. Shikler

Licensed Embalmer No. 4234

P. O. Address M. C. 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.