

No. 2
-5-42
-17-39
X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20825

ED JUN 29 1943

Registration District No. 2

Primary Registration District No. 1000

State File No.

Registrar's No.

646

1. PLACE OF DEATH:

(a) County Buch
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Meth Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days) abt 43 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St Joseph 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2415 Mary 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE - BECK.

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

4. Sex M.O 5. Color W race W
6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife Alvina 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 21 1858
(Month) (Day) (Year)

8. AGE: 84 Years 10 Months 19 Days If less than one day
hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Hotel owner
11. Industry or business + Grocery store

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

16. (a) Informant Wm J Letz

(b) Address 821 N 10th St Joseph, Mo.

17. (a) B. (Burial, cremation, or removal) (b) Date thereof July 12 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Mora Cem

18. (a) Signature of funeral director Pom Stamey
(b) Address St Joseph Mo
19. (a) June 12 43 (Date received local registrar) (b) Rhea Nergoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1st 1943 to June 10 1943
that I last saw him alive on June 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 10

Due to Age + hypertension

Due to 1

Other conditions (Include pregnancy within 3 months of death) 8 30

Major findings: Of operations

Of autopsy

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 0

23. Signature Deroc Beck (M: D. or other) 0
Address Kragbill Bldg Date signed 6/14/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

1233

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.