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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7144

Primary Registration District No. 2000

Registrar's No. 168

**1. PLACE OF DEATH:**

(a) County GREENE

(b) City or town Spring Field
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County GREENE

(c) City or town Spring Field
(If outside city or town limits, write "RURAL")

(d) Street No. 311 W. Webster
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John M. Becker

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unk.

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

7. Birth date of deceased JAN. (Month) 4, (Day) 1876 (Year)

8. AGE: Years 68 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation RETIRED MAIL CARRIER

11. Industry or business

MOTHER FATHER

12. Name Herman Becker

13. Birthplace Unk. (City, town, or county) Germany (State or foreign country)

14. Maiden name Sarah E. Moufin

15. Birthplace Unknown (City, town, or county) Unk. (State or foreign country)

16. (a) Informant Miss Lavita Hoistmon

(b) Address 311 W. Webster, Sgfd., Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director F. C. Thiemo

(b) Address 1100 Boonville, Sgfd., Mo.

19. (a) 2-21-44 (Date received local registrar) (b) O. M. Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 16th year 1944 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb. 15th, 1944, to Feb. 16th, 1944 that I last saw him alive on Feb. 15th 1944, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Acute dilitation of heart
(Include pregnancy within 3 months of death)

Duration

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 Paul O. Upshaw, M.D. (M.D. or other)

Address Springfield, Mo. Date signed 2-21-44

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1944

## 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 Fred C. Phieme

Licensed Embalmer No. 2899.

P. O. Address Springfield, 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.**