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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10700
Registrar's No. 32

Registration District No. 73

Primary Registration District No. 5291

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town LIBERTY, MO. R.F.D.
(c) Name of hospital or institution: HOME Liberty, Mo.
(d) Length of stay: In hospital or institution 40 YEARS
In this community 40 YEARS

3. (a) PRINT FULL NAME HENRY CLAY BECKETT

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 14 years 1865

7. Birth date of deceased MARCH 14 1865
8. AGE: Years 79 Months 5 Days
If less than one day hr. min.

9. Birthplace PATTONSBURG, MO.

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER {
12. Name LEWIS BECKETT
13. Birthplace KENTUCKY
14. Maiden name UNKNOWN
15. Birthplace 9

16. (a) Informant JOHN BECKETT
(b) Address LIBERTY, MO. R.F.D.

17. (a) BURIAL (b) Date thereof 3/21/44
(c) Place: burial or cremation OLIVET CEM. CLAY COUNTY, MO.

18. (a) Signature of funeral director
(b) Address Smithville, Mo.

19. (a) Mar. 19-44 (b) Helen Carley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY
(c) City or town LIBERTY, R.F.D.
(d) Street No.
(e) Citizen of foreign country? NO
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19 year 1944 hour 2: minute 8. M.

21. I hereby certify that I attended the deceased from Dec 28 1943 to March 19 1944
that I last saw him alive on March 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy
Duration: 4 1/2

Due to

Due to

Other conditions: Acute Urinary Retention
Major findings: Of operations: 13562
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?
(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: [Signature] (M. D. or other) MD
Address: Liberty, Mo. Date signed: 3/19/44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-12-44

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

S. A. McCowan

Licensed Embalmer No.

2303

P. O. Address

Smithville,

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.