

FILED MAR 27 1946  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1837 Benton Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 1837 Benton Ave. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Donald Wayne Beckerdite

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Singles  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XK years  
7. Birth date of deceased. May 24, 1944  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
year 1946 hour 2 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 2-9-46  
to 3-10-46  
that I last saw him alive on 2/9/46  
and that death occurred on the date and hour stated above.

Immediate cause of death labor pneumonia Duration \_\_\_\_\_  
falling measles  
Due to \_\_\_\_\_  
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.

8. AGE: Years Months Days If less than one day  
1 9 16 hr. \_\_\_\_\_ min.

9. Birthplace Webster Co. Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business At Home

MOTHER FATHER  
12. Name Emory L. Beckerdite  
13. Birthplace Webster Co. Mo. U  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen W. Berry  
15. Birthplace Greene Co. Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Emory L. Beckerdite  
(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof Mar. 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.  
18. (a) Signature of funeral director J. W. Klingner & Co.  
(b) Address Springfield Mo.

19. (a) 3-11-46 (b) D. W. Handy  
(Date received local registrar) (Registrar's signature)

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 D. F. Freeman (M. D. or other) \_\_\_\_\_  
Address Springfield Mo. Date signed 3-10-46

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

7979

4  
2  
6

NOV 27 1945

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 *W. H. Rhodes*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.