

FILED FEB 28 1948

Dr. Kanagawa

Registration District No. 77

Primary Registration District No. 3015-5308

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D.#1, Jefferson City, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 68 years
 years, months or days)

3. (a) PRINT FULL NAME William A. Beck

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, Married6. (b) Name of husband or wife Hilda Beck 6. (c) Age of husband or wife if alive 64 years7. Birth date of deceased January 14 1880
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 1 5 hr. _____ min.9. Birthplace Brazito, Missouri (City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Conrad Beck H13. Birthplace Germany (City, town, or county) (State or foreign country)14. Maiden name Augusta Erhardt15. Birthplace Cole County, Missouri (City, town, or county) (State or foreign country)16. (a) Informant Le Roy Beck(b) Address Jefferson City, Missouri17. (a) Burial (b) Date thereof Feb-29-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation River View Cemetery18. (a) Signature of funeral director Thos J. Gordon(b) Address Jefferson City, Missouri19. (a) 2-20-48 (b) R.P. Robinson M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
 (c) City or town Jefferson City 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D.#1 2
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1948 hour 5 minute 9 M.21. I hereby certify that I attended the deceased from June 4
1947 to Feb 19 1948
that I last saw him alive on Feb 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Coronary atherosclerosis</u>	<u>1 day</u>
Due to <u>Rheumatic heart d.</u>	<u>10 ym</u>
Due to <u>Rheumatic arthritis</u>	<u>18 ym</u>

Other conditions _____
(Include pregnancy within 3 months of death)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 N. Kanagawa (M. D. or other) M.D.
Address 1 Dallmeyer Bldg Date signed 2/15/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 27 1948

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.....

G. N. Houser

Registered Apprentice No. *42*

working under my personal supervision.

Signed *Thorp J. Gordon*

Licensed Embalmer No. *1286*

P. O. Address *Jefferson City 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.