

FILED MAR 15 1948  
128

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 203

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:  
Nursing home - 715 N. Main  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 months  
(Specify whether  
 In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
 (c) City or town Northview  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME

Lena Becker

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife John Becker  
 6. (c) Age of husband or wife if alive X years  
 7. Birth date of deceased June - 7 - 1867  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 1  
If less than one day  
X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Charles Frick

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

14. Maiden name Anna Zergar

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

16. (a) Informant Mrs. Tony Murphy (daughter)

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 3-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wetch

18. (a) Signature of funeral director W. E. Standley  
 (b) Address Marshfield, Missouri

19. (a) 3-10-48 (b) W. E. Standley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
 year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from several times 1947 to 48, 1948  
 that I last saw her alive on Mar 7, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart  
Arricular fibrillation & decompensation

Due to hypertension & hypoplasia  
abdominis

Other conditions (Include pregnancy within 3 months of death) AST

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Garrett Dugg (M. D. or other) \_\_\_\_\_  
 Address 1053 Rowanville - Bluff Date signed 3-10-48

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

3. 2  
2-43  
7-39  
X35697

**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. 3312

P. O. Address. Marshfield, 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.**