

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948
Registration District No. 150

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23229
Registrar's No. 131

Primary Registration District No. 0-5-72

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie Twp
(c) Name of hospital or institution: Jackson Co. Home for Aged
(d) Length of stay: In hospital or institution 4 yr - 9 mth 15 da.
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. 616 E. 8th St.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME ELIZABETH BECKER

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

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife NICK BECKER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6-8-1862

8. AGE: Years 86 Months 29 Days hr. min.

9. Birthplace St. Nicholas, Ind. 1

10. Usual occupation Housewife

11. Industry or business

12. Name Constantine Bellman

13. Birthplace Bergamo

14. Maiden name Mary Schrad

15. Birthplace St. Nicholas, Ind. 1

16. (a) Informant Jackson Co. Home Record

(b) Address Rt #4 - Ind. Mo.

17. (a) Burial (b) Date thereof

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director

(b) Address 20 N. Duwapa

19. (a) Date received local registrar July 21, 1948 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1948 hour 12:50 minute 9 A.M.

21. I hereby certify that I attended the deceased from July 1, 1948 to July 7, 1948
that I last saw her alive on July 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death, Severity
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J.W. Beebe (M. D. or Other)

Address 116 2 B Date signed 7/21/48

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.