

FILED SEP 27 1948

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 783

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:
2305 N. Campbell
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 2305 N. Campbell Ave.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lorenza Beckerdite

3. (b) If veteran, name war None 3. (c) Social Security No. 1-0-

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased July 31- 1853
(Month) (Day) (Year)

8. AGE: Years 95 Months 1 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Unknown

13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 01
(City, town, or county) (State or foreign country)

16. (a) Informant Cleo Umlauf

(b) Address 2305 N. Campbell Ave.

17. (a) Burial (b) Date thereof 9-19-1948
(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) 9-20-48 (b) W E Standley M D
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
 year 1948 hour 1 minute 00 a.m.

21. I hereby certify that I attended the deceased from 9-7- 1948 to 9-18- 1948
 that I last saw him alive on Sept 8 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration 3 wks.

Due to _____

Due to _____

Other conditions Senility + general debility
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy 175

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? _____
(Specify type of place) (e) Means of injury

23. Signature C E Zeller (M. D. or other) ✓
 Address 6095 Channing Springfield Mo Date signed 9-18-48

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

MOTHER, FATHER

7
2
6

WARRANT 930

APR 30 1952

JUL 25 1951

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.....

John L. McNabb, Registered Apprentice No. *85*
working under my personal supervision.

Signed *J.B. Slinger*
Licensed Embalmer No. *3358*

P. O. Address.....

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.