

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

3797
Do not use this space.

1. PLACE OF DEATH

(a) County Platte
(b) Township Weston
(c) City Weston

Registration District No. 698
Primary Registration District No. 5926

Registered No. _____

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Wm. C. Beck 200 St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1867

7. AGE YEARS 75 MONTHS 3 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Weston Mo (STATE OR COUNTRY)

FATHER 13. NAME Jacob Beck

14. BIRTHPLACE (CITY OR TOWN) German (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sophia Wirth

16. BIRTHPLACE (CITY OR TOWN) German (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Edward Beck Omaha Neb

18. BURIAL, CREMATION, OR REMOVAL PLACE Plummet Ridge 1-20 1938

19. FUNERAL DIRECTOR (ADDRESS) J. B. Brill Weston Mo

20. FILED 1/20 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to Jan. 13, 1938
I last saw him alive on Jan. 13, 1938. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset 1931

Other contributory causes of importance: Pulmonary Edema + Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? P.O. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: no
Accident, suicide, or homicide? no Date of injury no, 1938
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Ralph G. Jennings M.D.
(Address) Weston Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 23 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, J. H. Brill, Licensed Embalmer No. 832

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed J. H. Brill

Licensed Embalmer No. 832

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.)