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.

REC'D JUL 14 1938

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

Do not use this space. 21960

1. PLACE OF DEATH
(a) County Hickory Registration District No. 361
(b) Township Cross Timber Primary Registration District No. 5506 Registered No. 4
(c) City Fristoe Mo (d) Street No. ..... St.
(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 Elmer Jerico Beck +200
(a) Residence, No. ..... 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 M
4. COLOR OR RACE wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1915
7. AGE YEARS 23 MONTHS 2 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) (STATE OR COUNTRY) Fristoe Missouri

FATHER
13. NAME N. J. Beck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Ellen Fannie Stock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Waldie Beck Fristoe Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Home Cem DATE June 13 1938
19. FUNERAL DIRECTOR (NAME) J. B. Lesley (ADDRESS) Wheatland Mo
20. FILED June 18 1938 B O Pickett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1938
22. I HEREBY CERTIFY, That I attended deceased from April 15 1938 to June 12 1938
I last saw him alive on June 9 1938 Death is said to have occurred on the date stated above, at 7:28 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1937
22	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X R. Y. Examinations Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) L. G. Glover, M. D.
(Address) Urbana, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, J R Luckey, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed J R Luckey

Licensed Embalmer No. 7982

P. O. Address Wheatland M

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, above space should be left blank.