

REC'D MAR 15 1939

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

6013
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township Primary Registration District No. 3007
 (c) City Poplar Bluff, Mo. (d) Street No. Brandon Hospital 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.

Registered No. 34

2. PRINT FULL NAME Glynn N. BECKMAN

(a) Residence, No. Bernie Mo. 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 (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorene
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13th 1911
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 2 1

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

12. BIRTHPLACE (CITY OR TOWN) Bernie,
 (STATE OR COUNTRY) Missouri.

FATHER 13. NAME R. E. Beckman
 14. BIRTHPLACE (CITY OR TOWN): Marble Hill
 (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Louise Moore
 16. BIRTHPLACE (CITY OR TOWN) Lutzville,
 (STATE OR COUNTRY) Missouri.

17. INFORMANT R. E. Beckman
 (ADDRESS) Bernie, Mo.

18. BURIAL, CREMATION, OR REMOVAL Bernie Cem,
 PLACE Bernie, Mo. DATE Feb 16-1939

19. FUNERAL DIRECTOR (NAME) Frank Und Co
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 2/16 39 Obstetrical
 Local Registrar. 89

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14th 1939
 22. I HEREBY CERTIFY, That I attended deceased from
, 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said
 to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:

3rd Degree Burns

1/8/35

Other contributory causes of importance:

Stove explosion

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? accident Date of injury Feb 14, 1939
 Where did injury occur? Bernie mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury industry
 Nature of injury burns entire body 3rd degree

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Grover W. G. G. Poplar Bluff mo.
 (Signed) 89 (Address)

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.

MAR
6 1953

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. Reynolds _____, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed *J.R. Reynolds*
Licensed Embalmer No. *3218*
P. O. Address *Jordan Bluff*

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.