

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

16294
Do not use this space.

REC'D MAY 10 1939

1. PLACE OF DEATH

(a) County Shelby Registration District No. 830
 (b) Township Salt Spring Primary Registration District No. 4597
 (c) City Shelbina Registered No. 22
 (d) Street No. Shelbina 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.

2. PRINT FULL NAME Charles Wesley Beckett

(a) Residence, No. Monroe Co. 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 Irene Steinbach Beckett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/21/1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	41	9	9	

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

12. BIRTHPLACE (CITY OR TOWN) Camp Point
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Thomas Beckett

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

MOTHER 15. MAIDEN NAME Lizzie Keith

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

17. INFORMANT Mrs. Irene Steinbach Beckett
 (ADDRESS) Clarence Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina Mo. DATE 5/1/39

19. FUNERAL DIRECTOR (NAME) Million & Barkelev
 (ADDRESS) Shelbina Mo.

20. FILED May 4 1939 Ruth Janner
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 - 1939

22. I HEREBY CERTIFY, That I attended deceased from April 25 - 1939, to Apr 30 - 1939
 I last saw him alive on Apr 30 - 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, Double Date of onset 4-24-39

Other contributory causes of importance: Influenza

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical 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? no
 If so, specify (Signed) J. J. Thomas M. D.
 Address Shelbina, 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.

JUN 18 1945

FEB 3 1949

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

Marion E. Jefferson

Licensed Embalmer No. 3957

P. O. Address Shelburne, Vt.

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.