

REC'D SEP 12 1939

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

28943
Do not use this space.

1. PLACE OF DEATH
(a) County Cole Registration District No. 213
(b) Township 1 Primary Registration District No. 3014
(c) City Jefferson (d) Street No. 719 Locust 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 200 Carolyn Beck
(a) Residence, No. 719 Locust St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unwedded
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Beck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 9 12
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Cole Co Mo.
FATHER 13. NAME William Warren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Mrs. Estelle Webb 750 Locust, J.C. Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Garden Cemetery DATE Aug 14, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. D. Williams Jeff City Mo
20. FILED 8/14/39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7/13/39, 1939, to 8/12/39, 1939
I last saw him alive on Aug 11, 1939 Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:
Arctic Rejuvenitation Date of onset 9/2/39
Other contributory causes of importance: Senility
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?
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) Aspaigle M. D.
Jefferson City

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.

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.....

Licensed Embalmer No.....

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, above space should be left blank.