

Registration District No. 135 1939

Primary Registration District No. 3010

1. PLACE OF DEATH: Carroll 2
(a) County
(b) City or town Carrollton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 yrs years, months or days)

3. (a) PRINT FULL NAME Johann Franz Becker
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced sgl
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased 12 31 1854
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace St Charles Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Ritish Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Adem Becker
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Catharine Becker
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Becker
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 9-27-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of Federal director Wells Marshall While at work? _____ (Specify type of place)
(b) Address Anderson (c) Means of injury _____

19. (a) 9-26-39 (b) Wuth Hoskins
(Date received local registrar) (Registrar's signature) 1210

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Carroll 1
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. E 4th St. (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24
year 1939 hour 6 minute 0 M.
21. I hereby certify that I attended the deceased from July
1939, to Sept 24, 1939
that I last saw him alive on Sept 24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Duration 9/21

Due to Uremia
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Charles S. Quolan (M. D. or other)
Address Carrollton Mo Date signed 9/26

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
District Health Officer No. 8,
District File Number
10/9/39

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

Signed P. M. Marshall
Licensed Embalmer No. 2578
P. O. Address Carroll St

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.