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

REC'D NOV 20 1939

35493
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) or City St. Joseph
Registration District No. 85
Primary Registration District No. 1001
Registered No. 1003
(d) Street No. St. Joseph's 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 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES BECK
(a) Residence, No. 115 Virginia 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: Minnie Beck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug.24th.1866
7. AGE: YEARS 73 | MONTHS 1 | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cabinet Maker
9. Industry or business in which work was done, as saw mill, bank, etc. Erhlich Mfg.Co.
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): Gower Mo.

FATHER
13. NAME: William Beck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gower Mo.

MOTHER
15. MAIDEN NAME: Jane McKissick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gower Mo.

17. INFORMANT (ADDRESS): Mrs. Minnie Beck 115 Virginia St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Antiock Cemetery Gower, Mo. DATE: 10/3 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.
20. FILED: 10/3 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct.1st. 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1939, to Sept 30, 1939
I last saw him alive on Sept 30, 1939. Death is said to have occurred on the date stated above, at 11.50 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral)	8/26
Ch. Arteria Sclerosis Gen.	–
Chr. Nephritis	
Hypertension	

Other contributory causes of importance: 131

Name of operation ..... 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) [signature] M. D.
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-38 I X16605

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. C. L. Swan

Licensed Embalmer No. 4082

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.