JAN 1 8 1940

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

43515
Do not use this space.

V1

1. PLACE OF DEATH
(a) County Howard — Registration District No. 378
(b) Township [redacted] — Primary Registration District No. 4229 — Registered No. 86
(c) City Fayette — (d) Street No. ____ 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 260 Louis F Becker

(a) Residence, No. Glasgow 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Vinnie Grisham Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1865

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
74	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery Store
10. Date deceased last worked at this occupation (month and year) Retired July 1928
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo

FATHER
13. NAME Jacob Becker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Ruffel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Vinnie Becker Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Glasgow Mo DATE Dec 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walker Undsley Glasgow Mo.

20. FILED Jan 5 1939 V. L. Bonhart Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-10 1939, to Dec 12 1939
I last saw h[redacted] alive on 12-12 1939. Death is said to have occurred on the date stated above, at 1145A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-11-39

Other contributory causes of importance:

Chronic arthritis	Oct
Chr Cardio-Vascular Renal Disease	

Name of operation None Date of
What test confirmed diagnosis? 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) W P Hocker M. D.
(Address) 336 Glasgow Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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

MARGIN RESERVED FOR BINDING

F. S. No. 2. 50M-1-12-38 1 X14628

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/1/40

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. Walker Audsley, or by .....

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

Signed J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow NW

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.