

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.

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

2563
Do not use this space.

JAN 19 1940

1. PLACE OF DEATH

(a) County Iron Registration District No. 392
(b) Township Arcadia Primary Registration District No. 4 231
(c) City Pilot Knob (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 Patsy Ann Becker

(a) Residence, No. Pilot Knob Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF # _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 6 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Ironton Mo. (STATE OR COUNTRY) O

13. NAME Harry Becker O

14. BIRTHPLACE (CITY OR TOWN) DeSoto Mo. (STATE OR COUNTRY) O

15. MAIDEN NAME Essie Harbison

16. BIRTHPLACE (CITY OR TOWN) Pilot Knob Mo. (STATE OR COUNTRY)

17. INFORMANT Essie Becker (ADDRESS) Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Mo. DATE Jan 9 40

19. FUNERAL DIRECTOR (NAME) Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED Jan 9, 19 40 L J Effmied Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1940, to Jan. 7 1940. I last saw h. ex. alive on Jan. 7 1940. Death is said to have occurred on the date stated above, at 4.05P.
The principal cause of death and related causes of importance were as follows:

Pneumonia, acute lobar
Diphtheria
Myocarditis, acute
Date of onset _____
Other contributory causes of importance: 10

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exam 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) Ben W. Bell _____, M. D.
Ironton, Mo. (Address)

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.