

FILED APR 2 1940

Registration District No. 297

Primary Registration District No. 30/6

1. PLACE OF DEATH:

- (a) County Franklin
 (b) City or town Washington Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether years, months or days) 65 yrs. -

3. (a) PRINT FULL NAME MINNIE KATHERINE BECKER3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife Wm. F. Becker 6. (c) Age of husband or wife if alive deceased7. Birth date of deceased July - 18 - 1857
(Month) (Day) (Year)8. AGE: Years 82 Months 8 Days 0 If less than one day ✓ hr. ✓ min.9. Birthplace Osserbruch, Germany
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business none12. Name Louis Schenkier 613. Birthplace Germany (City, town, or county) (State or foreign country)14. Maiden name Kathelina Romanek15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Louis F. Becker(b) Address Washington, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20 - 1940
(Month) (Day) (Year)(c) Place: burial or cremation Washington Mo.18. (a) Signature of funeral director H. A. May 270(b) Address Washington, Mo.19. (a) March 18 - 1940 (Date received local registrar) (b) H. A. May (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Franklin
 (c) City or town Washington
 (If outside city or town limits, write "RURAL")
 (d) Street No. 530 So. Elm St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 75 yrs. - years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18
year 1940 hour 5 minute 10 A. M.21. I hereby certify that I attended the deceased from NOVEMBER 24 - 1938 to MARCH 18 - 1940;
that I last saw her alive on Jan. 20 - 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Endocarditis
Duration since 1936Due to Chronic atrophic Hepatitis 2 yrs.Due to —Other conditions ✓ 1 1/2 in
(Include pregnancy within 3 months of death)Major findings: Of operations ✓Of autopsy ✓

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature H. A. May (M. D. or other) ✓
Address Washington, Mo. Date signed 3/18/40

Duration since 1936

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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.....

J. H. White

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. H. White

Licensed Embalmer No. *2464-*

P. O. Address *Washington, Mo.*

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.