S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 17 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17533

Registrar's No. 2060

1. PLACE OF DEATH:

(a) County Jackson 2

(b) City or town Kan City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 202 Indp — ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kan City Mo
(If outside city or town limits write "RURAL")

(d) Street No. 202 Indp ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MILDRED BECKER 260

3. (b) If veteran, name war Mildred Becker ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race W

6. (a) Single, widowed, married, divorced Unk

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years cappt 47 | Months — | Days — | If less than one day hr. min.

9. Birthplace unknown (City, town, or county) (State or foreign country) ?

10. Usual occupation unknown

11. Industry or business ✓ 9

FATHER
12. Name unknown ✓
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown ✓
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Richardson
(b) Address 266 Indp ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation Green lawn Cem

18. (a) Signature of funeral director A. Sebbeto
(b) Address 901 E 5th st

19. (a) May 19, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 5-13-40
year hour minute 10:15 P.M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19, to , 19;
that I last saw alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Amytal intoxication 179 13	—
Due to (took overdose of amytal)	
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) DO NOT KNOW
(b) Date of occurrence 5-13-40
(c) Where did injury occur? K. C. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 5

23. Signature Trevor N. Fulton (M. D. or other)
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ L

L, Registered Apprentice No. L,

working under my personal supervision.

Signed R. E. Snow

Licensed Embalmer No. 2560

P. O. Address 1807 E 29

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.