

No. 2
11-10-39
5-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20909**
2526
Registrar's No.

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(d) Length of stay: In hospital or institution **5 Mo. & 17 days**
In this community **38** years

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2501 East Ninth Street**
(e) If foreign born, how long in U. S. A.? **56** years.

3. (a) PRINT FULL NAME **JOHN BECKER**
(b) If veteran, name war **none** (c) Social Security No. **NO**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **20th**
year **1940** hour **8** minute **05 A.** M.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Marguerite Becker** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **February 24, 1871**

21. I hereby certify that I attended the deceased from **Jan. 3rd, 1940** to **June 20th 1940**
that I last saw him alive on **June 20th 1940**
and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **3** Days **27** If less than one day hr. min.

Immediate cause of death **Carcinoma of larynx with massive edema of the glottis**

9. Birthplace **Germany**
10. Usual occupation **Barber -- Retired**

Due to **47**
Due to
Other conditions **Terminal bronchopneumonia**

11. Industry or business
12. Name **John Becker**
13. Birthplace **Germany**
14. Maiden name **MARY**
15. Birthplace **Germany**

Major findings: Of operations
Of autopsy **See above**

16. (a) Informant **Mrs. John Higgins**
(b) Address **2111 S. Ninth**
17. (a) **burial** (b) Date thereof **6-22-40**
(c) Place: burial or cremation **Maple Hill**
18. (a) Signature of funeral director **John Samuel Home**
(b) Address **Kansas City, Kansas**
19. (a) **June 21, 1940** (b) **M. M. Brown**

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)
(b) Date of occurrence
(c) Where did injury occur?
(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
23. Signature **R. F. De Munnica M.D.** (M. D. or other)
Address **Supt. K. C. Gen. Hospital, K. C. Mo.** Date signed

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

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

Ross Blanford

Licensed Embalmer No.

4015

P. O. Address

1815 74 41

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.