

No. 2
4-13-40
5-17-39
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15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21670

State File No. _____

Registration District No. 284

Primary Registration District No. 4173

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden

(c) Name of hospital or institution: 104 E MAIN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin

(c) City or town Malden
(If outside city or town limits, write "RURAL")

(d) Street No. 104 E MAIN
(If rural, give location)

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

3. (a) PRINT FULL NAME Barrie Lela Beck

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1940 hour 11 minute 10 A.M.

4. Sex F 5. Color or race M

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

6. (b) Name of husband or wife Malcolm Beck

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct 14 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 30, 1940, to June 30, 1940, that I last saw her alive on June 30, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

48 8 16 hr. min.

Immediate cause of death Cerebral Apoplexy

Due to _____

Due to Stroke

9. Birthplace Bernie Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Geo. M. Dickerson

13. Birthplace Lawrenceville Ill
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Port Kew Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Malcolm Beck

(b) Address Malden Mo.

17. (a) Burial (b) Date thereof July 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo

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? 262

18. (a) Signature of funeral director M. L. Gray

(b) Address Malden Mo.

19. (a) July 1 1940 (b) Dr. Mitchell
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

(e) Means of injury _____

23. Signature Homer Beall (M.D. or other) 1

Address Malden Mo Date signed 7-1-40

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RECEIVED

District Health Officer No. 2

District File Number 740-1189

Date Filed 7/3/40

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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *N. R. Craig*

Licensed Embalmer No. 1182

P. O. Address *Malden Ma*

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, fact should be so stated above.