

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 1 Hr
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Mt Vernon
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Porter Virgil Beck 200

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-10-6850

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 27 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 5 7 _____ hr. _____ min.

9. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Jack Hammer Helper

11. Industry or business Laird Construction Co.

12. Name Floyd Beck

13. Birthplace Aurora Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Awla Edwards

15. Birthplace Stone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Beck

(b) Address Mt Vernon Mo R.F.D. # 1

17. (a) Burial (b) Date thereof 6/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Verona Mo.

18. (a) Signature of funeral director J. F. King 4/8

(b) Address Aurora Mo.

19. (a) 6/28/40 (b) P. W. Cowan M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1940 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 28
1940 to June 28, 1940

that I last saw him alive on June 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Magnification of frontal lobes of Encephalon 3 hrs

Due to foreign body

penetrating through thick skull

Due to Dynamite Explosion

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) accident

(b) Date of occurrence Jun 28 1940

(c) Where did injury occur? Near Hurley, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
work of R. E. Co.

While at work? Yes (Specify type of place)

(e) Means of injury Dynamite

23. Signature P. W. Cowan M.D. (M. D. or other) M.D.

*Address Aurora MO Date signed July 28 40

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

2
0-39
-39
121492

RECEIVED

District Health Officer No. 6,

District File Number 740-2347

Date Filed JUL 10 1940

JUL 10 1940

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. 3072

P. O. Address Aurora 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.