

S. No. 2  
—11-10-39  
7. 5-17-39  
2-1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28701  
State File No.

FILED SEP 16 1940  
Registration District No. 3019

Primary Registration District No. 3019

Registrar's No. 207

48  
5  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence

(c) Name of hospital or institution Help Sanitarium  
(If outside city or town limits write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)

In this community 14 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alva James Beckett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male

5. Color white

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

6. (b) Name of husband or wife single

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

7. Birth date of deceased Dec 27 - 1925  
(Month) (Day) (Year)

8. AGE: Years 14 Months 07 Days 21 If less than one day hr. min.

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

10. Usual occupation School Boy

11. Industry or business

12. Name Loren P. Beckett

13. Birthplace Monticello, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Mae Smith

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

16. (a) Informant Loren P. Beckett

(b) Address 1126 So. Logan

17. (a) (Burial, cremation, or removal) Burial

(b) Date thereof Aug 26 - 40  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove

18. (a) Signature of funeral director W. H. Casson

(b) Address Independence Mo.

19. (a) Aug 19/40 (b) H. L. Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1126 So. Logan  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug day 18 year 1940 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from 8-14-40 to 8-18-40 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 days

Due to Pneumonia

Due to apex 4 da

Other conditions (Include pregnancy within 3 months of death) 1st

Major findings: Auricular systole

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) \_\_\_\_\_

(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? 3609 (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature H. L. Cook (M. D. or other) md

Address Independence Mo Date signed 8-19-40

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

*Dloyd Carson*

, Registered Apprentice No. *237*

working under my personal supervision.

Signed *Paul W. Keib*

Licensed Embalmer No. *2467*

P. O. Address *Freeport, 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.