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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 ? 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34297

Registrar's No. 3813

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution: Lakeside Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jackson,

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

(d) Street No. Hiawatha, Kansas,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Dr. Oliver Franklin Beckett,

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Linda A. Beckett

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November (Month) 15 (Day) 1868 (Year)

8. AGE: Years 71 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Physician

11. Industry or business Osteopathy,

FATHER
12. Name William Beckett,
13. Birthplace (City, town, or county) Unknown, (State or foreign country)

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

16. (a) Informant Mrs. Linda Beckett,
(b) Address Hiawatha, Kansas,

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 10-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Hiawatha, Kansas,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-2-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st, year 1940, hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from Sept 22, 1940, to Oct 1, 1940 that I last saw him alive on Oct 1 - 1940, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septic Peritonitis	14 days
Due to Ruptured Gangrenous Cholecystitis.	44 days
Due to Gall Stones	—
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations Abscess - Ruptured Gall Bladder Gall Stones Peritonitis

Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature George J. Conway (M. D. or other)
Address 116 W. 49th St Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. Connelly.

No 3377

Leave at Lakeside & pick up Wed. 9 AM

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 J B Waters

Licensed Embalmer No. 3992

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.