o. 2
13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37581

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4179

FILED DEC 7, 1940

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: 2633 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2633 Park
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Henry Harrison Becker
3. (b) If veteran, name war: XX
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frances Mary Becker
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: Sept. (Month) 28 (Day) 1859 (Year)

8. AGE: Years 81 Months 1 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: Harrison (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Retired Painter & Decorator
11. Industry or business:
MOTHER FATHER
12. Name: Christopher Becker
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Clemmons
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Pearl Vertner Becker
(b) Address: 2633 Park
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-2-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cem.
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City
19. (a) 11-2-40 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st year 1940 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 17, 1940, to Nov 1, 1940, that I last saw him alive on Oct 31, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to: Chronic myocarditis
Due to: Senility 93 yr
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): —
(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: H. O. Pence (M. D. or other) DO
Address: 2722 Prospect Date signed 11/1/40

(Licensed Embalmer's Statement on Reverse Side)

2722 Prospect
11-12-88

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. Mo.

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

If this body is not embalmed, fact should be so stated above.