

DEC 16 1940

490

Registration District No.

Primary Registration District No. 5657

State File No.

Registrar's No. 1137

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community
years, months or days

76 yr

2

3. (a) PRINT FULL NAME HENRY HOSE BECK

3. (b) If veteran,

name war

No

3. (c) Social Security

No. none

4. Sex Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife Mary Ann Beck

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

July 14

(Month) (Day)

1964 (Year)

8. AGE:

Years

Months

Days

If less than one day

76

4

1

hr.

min.

9. Birthplace

New Truxton

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation

Farmer

0

11. Industry or business

MOTHER FATHER

12. Name

Zimri Beck

13. Birthplace

Kentucky

(State or foreign country)

14. Maiden name

Elizabeth Kessler

15. Birthplace

Unknown

(State or foreign country)

16. (a) Informant

Mary Ann Beck

(b) Address

New Truxton Mo.

17. (a)

Burial

(b) Date thereof

Nov 16 1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Millwood Cem.

18. (a) Signature of funeral director

Wayne M. Gray

(b) Address

Irwin Mo.

19. (a)

11/16/40

(b)

H. L. Quinns

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Missouri

(b) County

Lincoln

(c) City or town

Rural

(If outside city or town limits write "RURAL")

(d) Street No.

0

(If rural, give location)

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

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Nov

day

14

year

1940

hour

12³⁰

minute

P M.

21. I hereby certify that I attended the deceased from

1928

19

to

Nov 14

19

that I last saw him alive on Nov 6 and that death occurred on the date and hour stated above.

Immediate cause of death

myocarditis (chronic)

Duration

Due to

Due to

1135

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?

43A

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

W. S. Harris

(M. D. or other)

Address

1103 Mo.

Date signed

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 Wayne M. Boy

Licensed Embalmer No. 378F

P. O. Address Troy Mo.

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

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