

No. 2
-17-39
I X23159

MAR 14 1945
Registration District No. 5

Primary Registration District No. 5188

Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Carroll

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Carroll

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

(d) Street No.: Carrollton R.R.
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 0 years.

3. (a) PRINT FULL NAME: Annie Beck

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1941 hour 2 minute 45 M.

4. Sex: Fe 5. Color or race: W

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

6. (b) Name of husband or wife: R. S. Beck

6. (c) Age of husband or wife if alive years: 11 (Day) 1871 (Year)

21. I hereby certify that I attended the deceased from Jan 1 to Feb 2, 1941
that I last saw her alive on Feb 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: _____

8. AGE: Years Months Days If less than one day

69 7 22 hr. _____ min.

Duration: 6 mo.

Due to: mitral sufficiency

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

Due to: _____

10. Usual occupation: Housewife

Other conditions: 17 12
(Include pregnancy within 3 months of death)

11. Industry or business: _____

Major findings: _____

12. Name: Geo Peters

Of operations: _____

13. Birthplace: Germany
(City, town, or county) (State or foreign country)

Of autopsy: _____

14. Maiden name: Elizabeth Ritchie

15. Birthplace: Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: R. S. Beck

17. (a) Burial (b) Date thereof: 2-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director: J. Handley

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? 130
(Specify type of place) While at work? _____ (e) Means of injury: _____

19. (a) 2-3-1941 (b) John H. Adams
(Date received local registrar) (Registrar's signature)

23. Signature: R. Hamilton (M.D. or other) MD
Address: Carrollton, Mo Date signed: Feb 3-41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number 3-5-41
Date Filed

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.....

Ben W. Gibson

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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, fact should be so stated above.