

RECEIVED APR 15 1941  
FEDERAL BUREAU OF THE CENSUS

Registration District No. 241

Primary Registration District No. 5334

Registrar's No. 1721

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural S. Benton Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution ELKLAND MO  
(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)

In this community 85 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas

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

(d) Street No. ELKLAND MO  
(If rural, give location)

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

3. (a) PRINT FULL NAME Isaac Moses Beckner

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23  
year 1941 hour 8 minute a M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1938, to \_\_\_\_\_, 1941; that I last saw him alive on 3-22, 1941; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Sarah Alice Beckner 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 24 1855  
(Month) (Day) (Year)

Immediate cause of death Uremia

Due to Ch. Nephritis

8. AGE: Years 85 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Ch. arteriosclerosis

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

Other conditions 3 da.  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Aaron Beckner

13. Birthplace Unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Alice Beckner

(b) Address ELKLAND MO

17. (a) BURIAL (b) Date thereof 3-25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MACEDONIA

18. (a) Signature of funeral director L. B. Jones

(b) Address BUFFALO MO

19. (a) 1/10 (b) Henry Morrow  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature P. O. Jannson (M. D. or other) R.M.D.

Address Buffalo Mo. Date signed 3-31-41

RECEIVED

District Health Officer No. 7;

District File Number 4141-695

Date Filed 4/14/41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**