

FILED APR 21-1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11725

Registration District No. 698

Primary Registration District No. 5926

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Weston  
(If outside city or town limits, write "RURAL" and name of township)  
(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  
In this community entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hattie Kirkpatrick Beck3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Albert Beck 6. (c) Age of husband or wife 55 years7. Birth date of deceased Aug. 8 1887  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
53 7 8 hr. min.9. Birthplace Weston Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Robert Kirkpatrick  
13. Birthplace Don't Know Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Ada Kirkpatrick  
15. Birthplace Weston Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Albert Beck(b) Address Weston, Missouri17. (a) Burial (b) Date thereof 3/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Ridge18. (a) Signature of funeral director J. H. Bell(b) Address Weston, Mo19. (a) 3/15/41 (b) J. H. Bell  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
(c) City or town Weston Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R.# (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14  
year 1941 hour 11:30 minute 8 M.21. I hereby certify that I attended the deceased from Jan - 1 - 1941  
to March 14, 1941  
that I last saw him alive on March - 13 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

LeucemiaDue to undeterminedDue to ✓Other conditions Vincent's infection of mouth  
(Include pregnancy within 3 months of death)Major findings: No operationOf autopsy none

## 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?

628 (Specify type of place) (e) Means of injury ✓  
While at work23. Signature Lewis C. Calvert (M. D. or other)Address Weston, Mo Date 3/16/41

(Licensed Embalmer's Statement on Reverse Side)

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

**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 the above constitutes grounds for revocation of license.)**

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