No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1941

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20994

Primary Registration District No. 205

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: O Dr. Nichols Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Mitchell 999 14 5

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

(d) Street No. Beloit RR #3 9 (If rural, give location)

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

3. (a) PRINT FULL NAME John Beck.

3. (b) If veteran name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna Beck

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 3 (Month) 26 (Day) 1864 (Year)

8. AGE: Years 77 Months 3 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Dubuque (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Beck
13. Birthplace Luxenburg (City, town, or county) Europe 4 (State or foreign country)

MOTHER
14. Maiden name Mary Molitor
15. Birthplace Luxenburg (City, town, or county) Europe 4 (State or foreign country)

16. (a) Informant Mrs Anna Beck

(b) Address Beloit Kansas RR#3

17. (a) removal (Burial, cremation, or removal) (b) Date thereof June 29 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Tipton Kansas

18. (a) Signature of funeral director Frank A Bowman

(b) Address Savannah Mo.

19. (a) June 29-41 (Date received local registrar) (b) Mrs Jennie Rash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29 year 1941 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 6-21-, 1941, to 6-29-, 1941; that I last saw him alive on 6-29-, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	3 days
Due to Carcinoma right ear	3 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

Pregnancy seat right ear. 5 3

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? 9 3 4 (Specify type of place)

While at work? (e) Means of injury

23. Signature Willard A. Stearns (M. D. ~~or other~~) 0

Address Savannah Mo Date signed 6-29-41

(Licensed Embalmer's Statement on Reverse Side)

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 ✓

June 25 1941, Registered Apprentice No.

working under my personal supervision.

Signed Frank A. Benning

Licensed Embalmer No. 1710

P. O. Address St Joseph Mo

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, above space should be left blank.