

SEP 6 1941

Registration District No. 8

Primary Registration District No. 201

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp Rural Williamstownship
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-1-1941
~~8-21-1941~~ to 8-21-1941
that I last saw her alive on 8-24- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Measles
Due to Whooping cough
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 9

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? _____

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

23. Signature J. Reser (M. D. or other) 04
Address Cole Camp Mo Date signed 8-21-41

3. (a) PRINT FULL NAME Poline Faye Beckman

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24th 1940
(Month) (Day) (Year)

8. AGE: 1 Years 1 Months 1 Days If less than one day
hr. _____ min. _____

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Albert Beckman

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

14. Maiden name Ida Rosebrock

15. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Beckman

(b) Address Cole Camp Missouri

17. (a) Burial (b) Date thereof August 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp Memorial

18. (a) Signature of funeral director E. L. Beckman

(b) Address Cole Camp Mo

19. (a) 8-26-41 (b) Gene Belover
(Date received local registrar) (Registrar's signature)

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

8000

8000

RECEIVED

District Health Officer No. 7,

District File Number

9-41-1601

Date Filed

9-4-41

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.