

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED SEP 0 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27972

Do not use this space.

1. PLACE OF DEATH

(a) County Loafe Girardeau Registration District No. 120

(b) Township \_\_\_\_\_ Primary Registration District No. 3009

(c) City \_\_\_\_\_ (d) Street No. St. Francis Hosp. Registered No. 320

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dorothy Jane Becker

(a) Residence, No. 1415 Edell Hope St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

0      0      16

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loafe Girardeau Mo.

FATHER

13. NAME Charles E. Becker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loafe Girardeau Mo.

MOTHER

15. MAIDEN NAME Mary Preston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hutton Valley Mo.

17. INFORMANT (ADDRESS) Charles E. Becker

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug 30 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthus Ward, Loafe Girardeau Mo.

20. FILED 8-31 1941 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1941 to Aug 30 1941

I last saw her alive on Aug 29 1941 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia with 8 mos. Date of onset 8/14-41

159

Other contributory causes of importance: Malnutrition 8/14-41

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) George H. Walker, M. D.

(Address) Loafe Girardeau Mo.

---

**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, above space should be left blank.**