

S. No. 2
1-14-41
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34539**

FILLED NOV 11, 1941

Registration District No. _____ Primary Registration District No. **3009**

Registrar's No. **55**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

(b) City or town **Cape Girardeau Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **South East Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: **In hospital or institution 2 hrs.**
(Specify whether years, months or days)

In this community **4 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape 16**

(c) City or town **Cape Girardeau Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. **114 Rear Thoms St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harry Paul Beck Sr.**

3. (b) If veteran, name war _____

3. (c) Social Security No. **332-03-3525**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **18th**
year **1941** hour **4** minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

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

Immediate cause of death _____
Due to **gun shot wound self inflicted by own hand.**
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

7. Birth date of deceased: **April** (Month) **1888** (Day) (Year)

8. AGE: Years **53** Months **6** Days _____ If less than one day hr. _____ min. _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Pittsburg Penn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business _____

MOTHER FATHER { 12. Name **Don't Know**

13. Birthplace **Don't Know** 9 (City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know** 9 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **October 18 1941**

(c) Where did injury occur? **City Cape Girardeau MO**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **no** (Specify type of place) Means of injury **gun shot**

23. Signature **N. Burton Spert** (Name of other) **Coroner**
Address **Jackson MO** Date signed **10/19/41**

16. (a) Informant **Harry Paul Beck Jr.**

(b) Address **Cape Girardeau Mo**

17. (a) **Burial** (b) Date thereof **10-19-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairmont Burial**

18. (a) Signature of funeral director **Jesshaugh F. ...**

(b) Address **Cape Girardeau Mo**

19. (a) **10-22-41** (b) **F.W. Phelps**
(Date received local registrar) (Registrar's signature)

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

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-1-6

help

10/19 (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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *Capo D. Anderson 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, fact should be so stated above.