

FILLED NOV 18 1941

Registration District No. 114

Primary Registration District No. 4211

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Windsor Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community Life - 0  
years, months or days)

3. (a) PRINT FULL NAME Mary Bell Beckley

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James A. Beckley 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased November 15, 1899  
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Jackson Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Aaron Phillips  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Alma Ivy  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Beckley  
(b) Address Windsor, Mo.

17. (a) Green-Lecton (b) Date thereof 10-23-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director R. A. B. Manning

(b) Address Windsor, Mo.

19. (a) 10-22-41 (b) R. A. B. Manning  
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Lecton, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ✓  
(If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21  
year 1941 hour 12:00 minute 20

21. I hereby certify that I attended the deceased from Oct. 3  
1941 to Oct. 21, 1941;  
that I last saw her alive on Oct. 20, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
Duration 10 yrs.

Due to ✓  
Due to ✓

Other conditions Emphysema  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ✓

Of autopsy ✓

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) (a) Means of injury ✓

Signature R. A. B. Manning (M. D. or other) 21  
Address Lecton, Mo. Date signed 10/22/41

REC'D  
District Health Officer's  
District File Number 11-41-1907  
Date Filed 11-14-41

**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, W. C. Branninger

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. C. Branninger

Licensed Embalmer No. 3347

P. O. Address Leeton, 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.**