

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5766

State File No.

FILED MAR. 16 1942

Registration District No. 27

Primary Registration District No. 5035

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rural Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #1, Rush Hill, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT

FULL NAME Alice D. Beckman

3. (b) If veteran,

name war None

3. (c) Social Security

No None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry C. Beckman 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 15, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 8 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Casper Mollet 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Doebelin
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Henry C. Beckman
(b) Address Rush Hill, Mo.
17. (a) Burial (b) Date thereof Feb. 3, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laddonia, Mo.

18. (a) Signature of funeral director E. E. Pugh
(b) Address Mexico, Mo.
19. (a) Feb. 2nd 42 (b) Mary C. Jacobi
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street R.F.D. #1, Rush Hill, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st
year 1942 hour 4 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 27 19 42 to Feb. 1 19 42
that I last saw him alive on Feb. 1 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 5 days
Due to Hypertension 10 yrs
Due to Menopause

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83a1
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 2

23. Signature B. B. Baize (M. D. or other) D.O.
Address Laddonia, Mo. Date signed 2/2/42

Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 10-42-428

Date Filed MAR 13 1942

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.....

Earl E. Precht

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.