

FILED APR 1 1942

Registration District No. **3429**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deeds T B M Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days) 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Jackson City
(If outside city or town limits, write "RURAL")
(d) Street No. 3841 Forest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME

Louise Becker

3. (b) If veteran, name war No

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 Mr Joe Becker
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased March 29 1895
(Month) (Day) (Year)

8. AGE: Years 46 47 Months 11 Days 19
If less than one day hr. min.

9. Birthplace Alexandria, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Homer Wilson
13. Birthplace Alexandria Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Mink
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Deeds T B M Hosp
(b) Address Deeds, Missouri

17. (a) Burial (b) Date thereof Mar. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 Mt. Calvary, K.C., Mo.

18. (a) Signature of funeral director J. H. Newcomb's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-20-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-9
1942 to 3-18 1942

that I last saw her alive on March 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Far advanced pulmonary tuberculosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) (a) Means of injury

23. Signature [Signature] (M. D. or other)
Address K. C. 10 Hospital Date signed

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(Licensed Embalmer's Statement on Reverse Side) K. C. Uro

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.