. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1942

Registration District No. 14

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5281

State File No. 10546

Registrar's No. 19

1. PLACE OF DEATH:
(a) County: CLAY
(b) City or town: RURAL - PLATTE TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CLAY 024
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Margaret Elizabeth Beckett
3. (b) If veteran, name war:
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: H. C. BECKETT
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JULY (Month) 13 (Day) 1879 (Year)

8. AGE: Years 62 Months 7 Days 22 If less than one day: hr. min.

9. Birthplace: DAVIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
FATHER
12. Name: THOMAS STEVENSON
13. Birthplace: CLAY (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name: HUDDLEMEYER
15. Birthplace: CLAY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: H. C. BECKETT
(b) Address: SMITHVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR. 8-1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: MT. OLIVET CEM. CLAY CO. MO.
18. (a) Signature of funeral director: S. G. McComas
(b) Address: Smithville, Mo.
19. (a) Mar 12-42 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 7 year: 1942 hour: 1 minute: a M.
21. I hereby certify that I attended the deceased from: Aug 1934 to March 7 1942, that I last saw him alive on March 6 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Chronic Tubular nephritis	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 131b	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)
Address: Smithville Date signed: 3/14/42

1021 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Filed 4-14-42

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 (Mrs. S.A.) Florence McCowan

Licensed Embalmer No. 25-44

P. O. Address Smithville, 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.