

FILED MAY 29 1942

Registration District No. **204**

Primary Registration District No. **5284**

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

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Clinton 25**
 (c) City or town **Lathrop**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **XXXX**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **XXX** **0**

3. (a) PRINT FULL NAME **Susan Harriett Beckett**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **3**
 year **1942** hour **9:00** minute **PM**
21. I hereby certify that I attended the deceased from **May 5**
1942 to **May 3** **1942**
 that I last saw her alive on **May 3** **1942**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **J. N. Beckett**
 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **April 22, 1874**
 (Month) (Day) (Year)

Immediate cause of death **Coronary Artery Disease**
& Congestive heart failure Duration **short**
 Due to **Generalized arteriosclerosis**

8. AGE: Years **69** Months **11** Days **11**
 If less than one day **hr. min.**

Due to.....
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations **none**
 Of autopsy **none**

9. Birthplace **Clinton Co. Mo**
 (City, town or county) (State or foreign country)
10. Usual occupation **Housewife**

PHYSICIAN
 Underline the cause to which death should be charged statistically.
940

11. Industry or business
12. Name **John Carver**
13. Birthplace **Unknown Unknown 9**
 (City, town or county) (State or foreign country)
14. Maiden name **Susan Storum**
15. Birthplace **Unknown Mo**
 (City, town or county) (State or foreign country)

16. (a) Informant **J. J. Beckett**
(b) Address **Lathrop, Mo. 5-5-1942**
17. (a) Burial **(b) Date thereof** **5-5-1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)
Lathrop, Mo. Cemetery
(c) Place: burial or cremation

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) (Means of injury)

18. (a) Signature of funeral director **Cameron**
(b) Address **Cameron, Mo.**
19. (a) Date received local registrar **May 5 1942**
(b) Registrar's signature **Mrs. Kathleen Harris**

23. Signature **Glenn Peters** (M. D. or other)
Address **Cameron, Mo.** **Date signed** **5/5/42**

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

Signed
Licensed Embalmer No. 1180
P. O. Address Cameron, 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.