

S. No. 4  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 12 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17767

State File No. ....

Registration District No. 206

Primary Registration District No. 4124

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Lathrop  
(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 ..... (Specify whether)

In this community 1 yr.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County 25

(c) City or town ..... (If outside city or town limits, write "RURAL") 0

(d) Street No. .... (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME Wm H. Beckett

3. (b) If veteran, name war. ✓

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1942 hour 5 minute ..... A.M.

21. I hereby certify that I attended the deceased from Nov. 15th  
1941 to June 2, 1942  
that I last saw him alive on June 1st, 1941;  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maud Beckett

6. (c) Age of husband or wife if alive. ✓ years

7. Birth date of deceased Sept 10  
(Month) (Day) (Year) 1859

Immediate cause of death Cerebral Hemorrhage 5 days

Due to General Arteriosclerosis 1

Due to Hypertension 2

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

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>9</u>	<u>22</u>	.....hr. ....min.

9. Birthplace 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Physician 432

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business .....

12. Name Wm Humphrey Beckett

13. Birthplace K. Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Hines

15. Birthplace K. Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant Pros Cross

(b) Address Lathrop mo

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

(c) Place: burial or Prison Ridge

18. (a) Signature of funeral director Alvanth & Cooley

(b) Address Lathrop mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

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? 1

While at work? (Specify type of place) (a) Means of injury 1

23. Signature Humphrey (M. D. or other) Dr.  
Address Lathrop mo Date signed 6/2/42

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

5005

1086

(Licensed Embalmer's Statement on Reverse Side)

00 17

**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

*Sean G. Alspaugh*

Licensed Embalmer No. *2908*

P. O. Address *Kelo 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17767

Registration District No. 204  
206

Primary Registration District No. 4124

Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State *Missouri* (b) County *Clinton*  
 (c) City or town *Lathrop*  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME *Wm. H. Buckell*  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *June* day \_\_\_\_\_ year *1942* hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ that I saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *W*  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased *Sept 10 1885*  
 (Month) (Day) (Year)

8. AGE: Years *82* Months *8* Days *12* (If less than one day \_\_\_\_\_ min.)

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) *July 10 1942* (Date received local registrar) (b) *Mrs. Madeline Harris* (Registrar's signature)

Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 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 \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

