

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

18319

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 469

Primary Registration District No. 56304282

Registrar's No. 78

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

**1. PLACE OF DEATH:**

(a) County Lawrence

(b) City or town Miller Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: L 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 all his life (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Robert William Beck

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Martha

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

7. Birth date of deceased 6-17-1890  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>51</u>	<u>10</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Charles Beck

13. Birthplace Topeka Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Stahmrich

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

16. (a) Informant Mrs. Martha Beck

(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 4-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director Monica Linnas

(b) Address Miller Mo.

19. (a) May 4 2 (b) Beulah Hurrey  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lawrence

(c) City or town Miller  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1942 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4-19-42  
to 4-19-42 1942  
that I last saw him alive on 4-19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death 3-arr. Duration \_\_\_\_\_

Due to Cerebral infarct

Due to unknown

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 5

23. Signature W. J. Boney (M. D. or other) \_\_\_\_\_

Address Miller Mo. Date signed 5-7-42

44

1172 (Licensed Embalmer's Statement on Reverse Side)

JUN 4 1942

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**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

*S. R. Seiman*

Licensed Embalmer No.

3297

P. O. Address

*Miller 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.**