

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18785

State File No.

Registration District No. 122Primary Registration District No. 5953Registrar's No. 58

1. PLACE OF DEATH

- (a) County Putnam
 (b) City or town Richland Township (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 1 (Specify whether
 In this community 1 times
 (years, months or days)

3. (a) PRINT
FULL NAMEWilliam Ray Beck

3. (b) If veteran,
-
- name war
-

3. (c) Social Security
-
- No.
-

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife — 6. (c) Age of husband or wife if
 alive — years
 7. Birth date of deceased April 15 1942
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 18 hr. — min.

9. Birthplace
- Putnam Co. 0 Missouri
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Infant

11. Industry or business

12. Name William Beck
 13. Birthplace Putnam Co. 0 Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Grass Marjorie
 15. Birthplace Putnam Co. 0 Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Joe Muller
 (b) Address Unionville Mo

17. (a) Burial (b) Date thereof May 4 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Thompson Cemetery

18. (a) Signature of funeral director
- Samuel H. H. Co.

- (b) Address
- Unionville Mo

19. (a) 2-25-42 (b) 66
 (Date received local registrar) (Reg.)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Putnam
 (c) City or town Rural - Richland Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. Unionville Mo
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
 year 1942 hour 8 minute — P.M.

21. I hereby certify that I attended the deceased from April 15
1942 to May 3 1942
 that I last saw him alive on May 3 1942
 and that death occurred on the date and hour stated above.

- Immediate cause of death Broncho-pneumonia
 Due to —
 Due to —

- Other conditions —
 (Include pregnancy within 3 months of death)

Major findings:

Of operations —Of autopsy —

Duration

May 1
1942

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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. W. Gellum
- (M.D. or other)
- 00

Address Unionville Mo Date signed May 5

RECEIVED

District Health Officer No. 10

District File Number 6-42-1302

Date Filed JUN 15 1942

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

Not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

James W. Cornstock

Licensed Embalmer No. 4197

P. O. Address Unionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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. 157 83-

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH: Putnam
(a) County Putnam
(b) City or town Rural
(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 Life
years, months or days

3. (a) PRINT FULL NAME William P. Beck
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased apr - 15 - 1942
(Month) (Day) (Year)

8. AGE: Years - Months - Days 15 (If less than one day, in min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Putnam
(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? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15 year 1942 hour 10 minute 08 P.M.
21. I hereby certify that I attended the deceased from _____ 19____; that I have a h live on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration
1942
Due to none
Due to none
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 107
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____

23. Signature H. W. Gillman (M. D. or other) D. M.
Address Winnemucca, Mo. Date signed May 15, 1942

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

SUPPLEMENTARY

