

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33310

State File No.

Registrar's No.

FILED NOV 14 1942

Registration District No. 75

Primary Registration District No. 3007

349

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

12
3

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff

(c) Name of hospital or institution: Brandon Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

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

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

(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gustaf Friedolf Beckstrom

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Beckstrom 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG 8 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>2</u>	<u>23</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Gus Beckstrom

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

14. Maiden name Matilda Sweeden
(City, town, or county) (State or foreign country)

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

16. (a) Informant R. Beckstrom

(b) Address Burbank, MO

17. (a) Burial (b) Date thereof 11-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads Cemetery

18. (a) Signature of funeral director National Funeral Home

(b) Address 30 Greenville Mo.

19. (a) 11-4-42 (b) Belle Stine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1942 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Oct-21-1942 to Oct-31-1942
that I last saw him alive on Oct-31-1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis 10-1-42
chronic nephritis 5-1-42

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration
131 f
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 Poplar Bluff Mo Date signed 11-3-42

RECEIVED

District Health Office No. 2,

District File Number 1142-1429

Date filed 11-9-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.