

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 3 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36961

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

Registration District No. 218

Primary Registration District No. 4144

Registrar's No. 137

1. PLACE OF DEATH

(a) County. Cooper  
(b) City or town. Pilot Grove  
(c) Name of hospital or institution:  
None - Home.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None.  
(Specify whether  
In this community. 87 yrs.  
years, months or days)

8. (a) PRINT FULL NAME. MARY-LUCINDA Becker

3. (b) If veteran, name war. NA 8. (c) Social Security No. NA

4. Sex. FEMALE 5. Color or race. W. 6. (a) Single, widowed, married, divorced. Widowed  
6. (b) Name of husband or wife. Henry Becker 6. (c) Age of husband or wife if alive. 1 years  
7. Birth date of deceased. March - 17 - 1860  
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 19 If less than one day  
hr. ✓ min. ✓

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

10. Usual occupation. Housewife

11. Industry or business. Same

12. Name. Peter David Bahm

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

14. Maiden name. Elizabeth

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

16. (a) Informant. Mrs. A. R. Hartman

(b) Address. Pilot Grove, Mo.

17. (a) Burial (b) Date thereof. Nov 8 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Pilot Grove, Mo.

18. (a) Signature of funeral director. Arvo J. Pinter

(b) Address. Pilot Grove, Mo.

19. (a) Nov - 11 - 42 (b) Archas. Swap  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Cooper  
(c) City or town. Pilot Grove.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ✓ (If rural, give location) ✓  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Nov. day. 6  
year. 1942 hour. 7 minute. 15 A. M.

21. I hereby certify that I attended the deceased from 10 - 31 - 1942 to 11 - 6 - 1942  
that I last saw h. & y. alive on 10 - 31 - 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage

Due to. 13 days

Due to. 830

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

Major findings: Of operations. \_\_\_\_\_

Of autopsy. \_\_\_\_\_

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. J. O. Baley (M. D. or other) ✓

Address. Pilot Grove, Mo. Date signed. 11-8-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

File No. 12-1-42

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, Myself,

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

Signed

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, W.

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, above space should be left blank.