

38267

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 18 1942

Registration District No. 337

Primary Registration District No. 6139

Registrar's No. 102

1. PLACE OF DEATH:

(a) County SHELBY
(b) City or town CLARENCE Mo
(c) Name of hospital or institution SEARCH CREEK
SHELBY CO INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK BECK

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Bachelor
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 1870 years (Month) (Day) (Year)

7. Birth date of deceased 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 12 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Don't know
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant W. C. Jones
(b) Address CLARENCE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30 1942 (Month) (Day) (Year)

(c) Place: burial or cremation HAYERS GROVE

18. (a) Signature of funeral director William Bartelmer
(b) Address CLARENCE Mo

19. (a) Nov 4 1942 (Date received local registrar) (b) Thaddeus Good (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County SHELBY
(c) City or town CLARENCE
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1942 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 20 1942 to Oct 28 1942
that I last saw him alive on Oct 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to Arteriosclerosis

Due to Fracture of femur

Other conditions Fracture of femur
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration
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) 102
(b) Date of occurrence 102
(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? X (Specify type of place) (e) Means of injury 102

23. Signature W. C. Jones (M. D. 102)
Address Shelbyville Mo Date signed 11-3-42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-42-3012

Filed NOV 17 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3498

P.O. Address Shelburne Vt

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.

STANDARD CERTIFICATE OF DEATH

State File No. 38267
Registrar's No. 102

Registration District No. 337

Primary Registration District No. 6139

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Clarence
(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)

3. (a) PRINT FULL NAME Frank 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 _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ 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 _____

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

16. (a) Informant _____

(b) Address _____

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

(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 _____ (b) County _____
(c) City or town _____
(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 October day 8
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I first saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death chronic interstitial nephritis Duration _____
arterio sclerosis

Due to _____

Due to I

Other condition fracture of femur 38 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 20 - 1942
(c) Where did injury occur? Shelbyville, Shelby Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
County Home - while he was at
(Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

