

40111

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County. Audrain
(b) City or town. Rual Praise
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. Rush Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50 years
(Specify whether years, months or days)
In this community.

3. (a) PRINT FULL NAME Hernry Casper Beckman

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice D. Beckman 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. August 10, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 19 hr. min.

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

10. Usual occupation Farmer

11. Industry or business.

MOTHER FATHER
12. Name. Fred Beckman
13. Birthplace. Unknown
(City, town, or county) (State or foreign country)
14. Maiden name. Unknown
15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dorothea Hesterberg

(b) Address R.F.D. Rush Hill, Mo.

17. (a) Burial (b) Date thereof. Dec. 31, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia, Mo.

18. (a) Signature of funeral director. Laddonia

(b) Address Mexico, Ladonia

19. (a) 12-31-42 (b) Laddonia
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Audrain
(c) City or town. Rual
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Rush Hill
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1942 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 5, 1942, to Dec 29, 1942
that I last saw him alive on Dec 29, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Endocarditis Duration 2 wks

Due to Branchial pneumonia 2 wks

Due to Chronic Bronchial Asthma 10 yrs

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

Major findings: Of operations. qib
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) (c) Means of injury.

23. Signature Laddonia (M. D. or other) DO
Address Ladonia, Mo Date signed 12/31/42

MAR 29 1943

RECEIVED
District Health Officer No. 10
District File No. 1-43-5-2
Date Recd Jan-11-1943

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.....

..... Earl E. Precht, Registered Apprentice No.
working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.