

FEB 8 1943

1. PLACE OF DEATH

(a) County **Mo.**  
(b) City or town **Hartsville Rural Brook Creek**  
(c) Name of hospital or institution: **at home of parents**  
**5 miles east of Hartsville**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **25 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **PHILLIP MORRIS BECKHAM**

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 **single**

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

7. Birth date of deceased **12** **11** **42**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**25** hr. min.

9. Birthplace **Hartsville** **Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Morris Beckham**

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

14. Maiden name **Pearl Moody**

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

16. (a) Informant **Pearl Beckham**

(b) Address **Hartsville Mo.**

17. (a) **Burial** (b) Date thereof **1 6 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Luke Mem. Cem.**

18. (a) Signature of funeral director **Gene E. Holden**

(b) Address **Hartsville, Mo.**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Wright**  
(c) City or town **Hartsville Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5 miles East of Hartsville**  
(If rural, give location)  
(e) Citizen of foreign country? **Mo** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **5**  
year **1943** hour **5:00** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Jan 1**, 1943, to **Jan 5**, 1943  
that I last saw him alive on **Jan 2**, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **3 days**

Due to **marasmus**

Due to **108**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (e) Means of injury **2**

23. Signature **W. W. Worthington** (Date or other) **1-6-43**  
Address **Hartsville Mo.** Date signed **1-6-43**

RECEIVED

District Health Officer No. 6,

District File Number 243-155-

Date Filed FEB 6 1943

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**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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3848

Registration District No. 375

Primary Registration District No. 6278

Registrar's No. 2

1. PLACE OF DEATH:

- (a) County Wright  
(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 years, months or days

3. (a) PRINT FULL NAME

Phillip Morris Beecher

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 5

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

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

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country) MO.

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)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(1-6-1943)  
(Date received local registrar)

(b)

W. J. J. J.  
(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

year 1943

21. I hereby certify that I attended the deceased from

that I perceived him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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)  
(b) 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

Date signed

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

SUPPLEMENTARY

[The page contains extremely faint, illegible text, likely a document or report. The text is mostly obscured by noise and artifacts, making it impossible to transcribe accurately. Only a few fragments are visible, such as "The following information" and "is being provided" in the upper left section.]