

FILED APR 8 1943

State File No. _____

Registration District No. 276

Primary Registration District No. 5944

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town St James Rural
(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 Green C Beckham

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

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

6. (b) Name of husband or wife Oliver Beckham 6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased. 11-17-1895
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Beckham

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

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

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

16. (a) Informant Wesley Mikkelsen

(b) Address St James mo

17. (a) Burial (b) Date thereof 2-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem

18. (a) Signature of funeral director W E Beckler

(b) Address St James mo

19. (a) 3-15-43 (b) Charles Dickson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Phelps

(c) City or town St James Rural
(If outside city or town limit, 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 2nd day 18th
year 1943 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 6-43
1943 to July 9, 1943

that I last saw him alive on July 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to _____

Due to _____

Other conditions Ascending Paratyphoid
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 131

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 W E Beckler (M. D. or other) _____

Address St James Date signed 3/15/43

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

81
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81

7/9/43

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 W E Licklider

Licensed Embalmer No. 1970

P. O. Address St James 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, above space should be left blank.