

FILED JUN 7 1943
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Vineyard Park Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)

In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3546 Flora Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Chris A. Becker

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

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

6. (b) Name of husband or wife Mrs. Eva W. Becker 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 21 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Connerville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Painter and Paperhanger

11. Industry or business Retired

MOTHER FATHER { 12. Name Christopher Becker

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

14. Maiden name Elizabeth Clemence

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

16. (a) Informant Mrs. Eva W. Becker

(b) Address 3546 Flora Avenue

17. (a) Burial (b) Date thereof May 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. H. Newcomer's son

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-12-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1943 hour 7:30 minute a M.

21. I hereby certify that I attended the deceased from Apr 25 1943 to May 11 1943 that I last saw him alive on May 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Arteriosclerosis of the brain

Due to hypertrophy of prostate

Other conditions Arterio Sclerosis
(includes pregnancy within 3 months of death)

Duration 6 days

Underline the cause to which death should be charged statistically.

Major findings: Cystotomy 6-7-43

Of operations _____

Of autopsy _____

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 J. H. Sheldahl (M. D. Sheldahl)
Address 722 Walnut Date signed 5-14-43

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

Mrs. ...
...

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 *Emile M. Colburn*.....

Licensed Embalmer No. *3506*.....

P. O. Address *K C 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.