

FILED JUN 12 1943

Registration District No. _____

Primary Registration District No. **3025**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **HOWELL**

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

(c) Name of hospital or institution:
25 FRANKLIN AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **No.** (Specify whether years, months or days) **7 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **HOWELL**

(c) City or town **WEST PLAINS**
(If outside city or town limits, write "RURAL")

(d) Street No. **25 FRANKLIN AVE.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **HELEN GRAHAM BECKWITH**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **22**, year **1943** hour **5** minute **45 P.M.**

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **HARRY BECKWITH**

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

7. Birth date of deceased **AUGUST 7, 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 21, 1943** to **May 22, 1943** that I last saw him alive on **May 22, 1943** and that death occurred on the date and hour stated above.

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

68 **9** **15** hr. _____ min.

Immediate cause of death **Spasm of the diaphragm** Duration **1 day**

Due to **Not known**

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

10. Usual occupation **NONE**

Other conditions (Include pregnancy within 3 months of death) **30**

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER

12. Name **TOM GRAHAM**

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

14. Maiden name **MARTHA PAYNE**

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

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? _____

16. (a) Informant **BERT GRAHAM**

(b) Address **MAMMOTH SPRING, ARK.**

17. (a) **BURIAL** (b) Date thereof **MAY 24 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HOWELL VALLEY CEM. HOWELL TWP. HOWELL CO.**

18. (a) Signature of funeral director **Hal Thompson**

(b) Address **WEST PLAINS, MO.**

19. (a) **5/31/43** (b) **Hal Varley**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. Bingham** (M. D. or other) **MD.**

Address **West Plains, Mo.** Date signed **5/29/43**

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

46

RECEIVED

District Health Officer No. 8,

District File Number 643345

Date Filed 6/7/43

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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.