. S. No. 2
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5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20731

JUL 2 1943

Registration District No. 13 — Primary Registration District No. 3003 — Registrar's No. 31

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: 300 Frisco Ave Monett Mo. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community Practically all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

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

(d) Street No. 300 Frisco Ave 2 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none 0

3. (a) PRINT FULL NAME Charles F. Beckman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced S Divorced

6. (b) Name of husband or wife not known

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

7. Birth date of deceased February (Month) 4 (Day) 1878 (Year)

8. AGE: Years 65 | Months 3 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Braddock (City, town, or county) Pennsylvania (State or foreign country) 1

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Samuel Peter Beckman
13. Birthplace (City, town, or county) Sweden (State or foreign country) 4

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) Sweden (State or foreign country) 4

16. (a) Informant A. W. Black

(b) Address Monett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Spring River Cemetery

18. (a) Signature of funeral director Callaways

(b) Address Monett Mo

19. (a) May 15-1943 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1943 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 10th, 1943, to May 13, 1943 that I last saw ~~hence~~ alive on May 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency complicated with Asthma

Due to Arteriosclerosis Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 93 2

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L H Ferguson (M. D. or other) M.D.

Address Monett Mo. Date signed 5-15-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 643-783
Date Filed
JUN 23 [illegible]

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 J. H. Bushman

Licensed Embalmer No. 3179

P. O. Address Monett 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.