

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24657

FILED AUG 13 1943

Registration District No. 61

Primary Registration District No. 4107

State File No.

Registrar's No. 42

1. PLACE OF DEATH:

(a) County: Cedar
(b) City or town: El Dorado Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(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

L. Mae Becraft

3. (b) If veteran,
name war.

None

3. (c) Social Security
No.

None

4. Sex: Female

5. Color or
race: White

6. (a) Single, widowed, married,
divorced: Married

6. (b) Name of husband or wife:
E. L. Becraft

6. (c) Age of husband or wife if
alive: 66 years

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

Feb. 20 1876

8. AGE:

Years

Months

Days

If less than one day

67 5 0

hr. min.

9. Birthplace: Rich Hill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business

12. Name: Allen Johnson

13. Birthplace: Akron, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name: Louise Condit

15. Birthplace: Mason County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Edgar Becraft

(b) Address: El Dorado Springs, Mo.

17. (a) (Burial, cremation, or removal): Burial (b) Date thereof: 7-22-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Newton Burial Park

18. (a) Signature of funeral director: Allen V. Hays

(b) Address: Nevada, Missouri

19. (a) 7/22/43 (b) L. L. Ramsey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cedar
(c) City or town: El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No.: 121 Hickory Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: K

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July, day: 20,
year: 1943 hour: 7:00 P.M. minute: M.

21. I hereby certify that I attended the deceased from
1941 19 July 20, 1943

that I last saw her alive on March 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma
of ascending colon
Primary

Due to

Due to

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury

23. Signature: E. Hays (M. D. or other)

Address: Nevada, Mo. Date signed: 7-21-43

1046 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number

Date Filed

7-43-841
8-11-43

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

Allen V. Hays

Licensed Embalmer No.

1968

P. O. Address

New La 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.