

No. 2
2-43
FILED
AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29046

State File No. _____

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Louisiana Mo

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

(c) Name of hospital or institution:
near home 3 on the Miss River
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Pike 82

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

(d) Street No. River Road
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Willa Lucille Beck

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year _____ hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw h. _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept 2 1929
(Month) (Day) (Year)

Immediate cause of death: accidental drowning while trying to rescue a drowning brother in the Mississippi river

Other conditions: _____
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 13 Months 10 Days 4
If less than one day

9. Birthplace: Louisiana Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: School Child

MOTHER FATHER

11. Industry or business _____

12. Name Carole Beck

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

14. Maiden name Farber

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

16. (a) Informant Miss Della Beck

(b) Address Louisiana Mo

17. (a) Rural (b) Date thereof July 10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Louisiana Mo

18. (a) Signature of funeral director J. H. Hunt

(b) Address Louisiana Mo

19. (a) 7/8/43 (b) F. H. Hunt
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ ✓ 182

(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 Ms. Smith Coroner
(M. D. or other)

Address Louisiana Mo Date signed 7/8/43

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

RECEIVED

District Health Officer No. 10

District File Number 8-43-1421

Date Filed AUG 19 1943

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.....

George A. Wagner

Registered Apprentice No.

working under my personal supervision.

Signed *George A. Wagner*.....

Licensed Embalmer No. 2772

P. O. Address Louisiana, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept.
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County Wike
 (b) City or town Louisiana
 (If outside city or town limits, write "RURAL" and name of township)
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Willa L. Beck.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 16
 year 1943 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____
 to _____, 19____
 that I last saw him _____
 and that death occurred on the date and hour stated above.
 Immediate cause of death accidental drowning while trying to rescue a drowning brother in Mississippi River

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sept 2 (Month) (Day) (Year)
 8. AGE: Years 13 Months 2 Days 13 If less than one day _____ min.

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace (City, town, or county) _____ (State or foreign country) Mo.
 10. Usual occupation _____
 11. Industry or business _____
 12. Name _____
 13. Birthplace (City, town, or county) _____ (State or foreign country) _____
 14. Maiden name _____
 15. Birthplace (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) accidental drowning
 (b) Date of occurrence July 16th
 (c) Where did injury occur? Mississippi River (The MO)
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On river in front home
 (Specify type of place) (e) Means of injury _____

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

23. Signature MA. Smith (Name other) _____
 Address Louisiana, MO. Date signed 7/16/43

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

29046