

3. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34107

FILED NOV 9 1943

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 1144

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution: 2831 So 24th

(d) Length of stay: In hospital or institution 1 day

In this community 1 day

2. USUAL RESIDENCE OF DECEASED: DeKalb 32

(a) State Missouri (b) County Buchanan

(c) City or town Santa Rosa

(d) Street No. None

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Harlow L. Beckwith

3. (b) If veteran, name war No

3. (c) Social Security No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Arwilda

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Nov. 21 1860

8. AGE:	Years	Months	Days	If less than one day
	82	10	17	hr. min.

9. Birthplace Ohio

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Chauncey Beckwith

13. Birthplace Unknown

14. Maiden name Mary Beckwith

15. Birthplace Unknown

16. (a) Informant Mrs J.I. Sparks

(b) Address 2831 So 24th, St Joseph, Mo

17. (a) (b) Date thereof 10-8-43

(c) Place: burial or cremation Pattonsburg, Mo.

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St Joseph, Mo.

19. (a) 10-8-43 (b) R. E. Skogoy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1943 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from 10-8, 1943, to 10-8, 1943

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Duration 7 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 107

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature L. C. Bauman, M.D.

Address 620 Francis St Joseph, Mo Date signed 10-9-43

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

1233

**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 \_\_\_\_\_

*Robert H. Yapple*

Licensed Embalmer No. \_\_\_\_\_

*3308*

P. O. Address \_\_\_\_\_

*St Joseph, 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.**