

FILED JAN 10 1944
Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 10087

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(c) Name of hospital or institution: 611 Roberts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether)
In this community 10 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 611 Roberts
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME OSCAR WILLIAM BECKER

3. (b) If veteran, name war no
3. (c) Social Security No. 493-01-0678

4. Sex Male 5. Color, or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leola Weihe Becker 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Dec 25 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 20 If less than one day
hr. min.

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

10. Usual occupation Idle worker

11. Industry or business 0

12. Name William Becker

13. Birthplace Franklin Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Schengels

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leola Becker

(b) Address Washington Mo

17. (a) Burial (b) Date thereof 12-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Otto Heller
(b) Address Washington Mo

19. (a) Dec. 17, 1943 (b) Luella Pruett Brook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1943 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from November 12
2 8 PM 1943, to Dec 8 1943;
that I last saw him alive on December 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death coronary Thrombosis acute

Duration

2 wks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

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? (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

Signature E. J. Tanner M.D. or other MD

Address Washington, Mo Date signed 12/17/43

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

SEP 18 1957

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.....

J.H. O'Hara

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J.H. O'Hara

Licensed Embalmer No. *2464*

P. O. Address. *Washington*

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.