

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 152

FILED MAR 10 1944

Registration District No.

Primary Registration District No. 3002

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
721 W. Jackson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sallie Jane Becker

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 Emil Becker 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased November 11, 1873
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Wallaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Ed Oliver
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Works

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Feb. 24, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico Mo.

18. (a) Signature of funeral director Cal & Co.

(b) Address Mexico, Mo.

19. Feb 23-44 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 721 W. Jackson St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 1942 to Feb. 22, 44
that I last saw him alive on Feb. 21, 44
and that death occurred on the date and hour stated above.

Immediate cause of death generalized anasarca & pulmonary edema
Due to myocardial infarction - 2 mo.
with stages of carcinoma

Due to Primary Bronchiogenic ca 1 1/2 years

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

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?
(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 H. S. Keshim (M. D. or other)
Address 176660 Mo Date signed 2-23-44

RECEIVED

District Health Officer No. 10

District File Number 2-44-632

Date Filed MAR 10 1944

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

Earl E. Precht

, Registered Apprentice No.

working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.