

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7624

FILED MAR 13 1944
Registration District No. 1748

Primary Registration District No. 4281

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton Canton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James E. Beckwith

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hattie Ramsey 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Sept. 12, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 23 hr. min.

9. Birthplace Hancock County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Laswell
(b) Address Canton, Missouri

17. (a) Burial (b) Date thereof Feb. 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lewis County Infirmary

18. (a) Signature of funeral director Carl H. Buckley
(b) Address Canton, Missouri
19. (a) 2-8-44 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No. 200 East Clark St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5, year 1944 hour 5 minute 30P. M.

21. I hereby certify that I attended the deceased from August 14, 1943 to February 5, 1944
that I last saw him alive on February 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 wks
Due to Chronic Cardiac-Vascular 5 yrs.
renal disease

Due to
Other conditions (Include pregnancy within 3 months of death) 13/12

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 2
23. Signature P. B. Dutton (M. D. or other) 102
Address Canton, Miss Date signed 2-8-44

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

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 ^{not} anyone
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Earl H. Barkley
Licensed Embalmer No. 2615
P. O. Address Canton, 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.