

FILED APR 28 1944
Registration District No. 228

Primary Registration District No. 1000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3626

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1100 W. Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Charles Richard Becraft

3. (b) If veteran, name war No 3. (c) Social Security No. 491-05-0204

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

6. (b) Name of husband or wife Nettie Becraft 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased July 15, 1907
(Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 21 If less than one day
hr. min.

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

10. Usual occupation Motor Winder

11. Industry or business Townes Electric Co.

MOTHER FATHER { 12. Name Charles Becraft
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name unk. Hollis
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie Becraft

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H. H. Lonneyer

(b) Address Springfield, Mo.

19. (a) 4-7-44 (b) D. W. Handy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1100 W. Pine 16
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1944 hour 6 minute 15 a. m.

21. I hereby certify that I attended the deceased from Mar. 1, '44
1944 to April 6, 1944
that I last saw him alive on April 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopulmonary Hemorrhage 2 WEEKS
Duration

Due to Chronic Pulmonary Tuberculosis 2-5 YRS

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 Pl
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.....

14. Where did injury occur? (City or town) (County) (State)
(c) 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 William Champion (M.D. or other) L.D.
Address Springfield, Missouri Date signed 4-7-44

JAN 25 1946

MAY 2 1945

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. *L. L. Gorman*
Licensed Embalmer No. *3177*
P. O. Address. *Springfield 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.

X