

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18311
Registrar's No. 239

FILED JUN 5 1944

Registration District No. 126

Primary Registration District No. 2001-581

9
6
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural, Galena township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Galena township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Richard Franklin Beckham

3. (b) If veteran, name war none 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 May Beckham 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased January 31, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 10 hr. min.

9. Birthplace Mountainview Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation minister

11. Industry or business _____

FATHER
MOTHER

12. Name Joshua Beckham

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May Beckham

(b) Address R.F.D., Joplin, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/13/44
(Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 5-13-44 (Date received local registrar) (b) Gutierrez (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural
(If outside city or town limits, write "RURAL") 0
(d) Street No. Galena township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension heart failure
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 930

Major findings: Of operations _____

Of autopsy _____

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 Coronary
Signature J.A. Webster (M. D. or other)
Address Carthage, Mo. Date signed May 11

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1264

44

44-5-398

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 F.M. Jones
Licensed Embalmer No. 2319
P. O. Address Japhin me

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.