V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25246

FILED JUL 24 1944

Registration District No. 228 Primary Registration District No. 4341 Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Bellflower (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Bellflower Mo. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Phillip N Beck.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Rachel Beck

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 (Month) 20 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
74	9	1	hr. min.

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

10. Usual occupation Ret Farmer

11. Industry or business General duties

FATHER
12. Name William Beck
13. Birthplace Un known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Rachel Beck

(b) Address Bellflower Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director Oland A Jones

(b) Address Bellflower Mo.

19. (a) July 1-1944 (Date received local registrar) (b) L. Jeffries (Registrar's signature) dept

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1944 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb. 15, 1937, to June 21, 1944 that I last saw him alive on June 18, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage - left - and Rh Hemiplegia	5 days
Due to Worry, excitement and shock of Step Sons Death	
Due to Chronic Myocarditis	4-5 yrs
Other conditions Healed Skin Cancer Nose (Include pregnancy within 3 months of death)	4-7 yrs

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. J. T. Andersen, M.D. (M. D. or other) M.D.

Address Montgomery City Date signed 6/23/44

519

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File No. .....
Date 7-21-44

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 .....

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

working under my personal supervision.

Signed Oland A Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.