

S. No. 2
 M-5-42
 v. 5-17-39
 X32873

37739

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 24 1944

Registration District No. 1302

Primary Registration District No. 2,000

Registrar's No. 882

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:
717 S. Fort
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community 22 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 717 S. Fort
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Charles Edward Beck
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. 702-076-389

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Elizabeth Beck
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased August 14, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 23 hr. min.

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

10. Usual occupation Welder

11. Industry or business Railroad Shops

MOTHER FATHER {
 12. Name C. C. Beck
 13. Birthplace UNK. UNK. 9
(City, town, or county) (State or foreign country)
 14. Maiden name Lavina Oxley
 15. Birthplace UNK. BECK 9
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. C. E. Beck

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Nov. 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
Eastlawn Cemetery

(c) Place: burial or cremation Alma Lohmeyer Funeral Home

18. (a) Signature of funeral director Springfield, Missouri

(b) Address

19. (a) 11-14-44 (b) Dr. W. E. Conley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
 year 1944 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 7 1944 to Nov. 7 1944
 that I last saw him live on Nov. 7 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Chr. Hypertensive cardiac vascular dis.

Due to

Other conditions 93d
(Include pregnancy within 3 months of death)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

23. Signature Arthur Knight M.D. or other

Address 450 1/2 E. Conley Date signed 11-14-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

487

(Licensed Embalmer's Statement on Reverse Side)

Sept. Mo.

44

DEC 11 1944

DEC 7 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Harlow Knabb*.....

Licensed Embalmer No. *4065*.....

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.