

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

40963

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 296

FILED JAN 6 1944
Registration District No. _____

Primary Registration District No. 2016

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

1. PLACE OF DEATH:

(a) County Cole

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 56 years years, months or days)

3. (a) PRINT FULL NAME Mrs. Lillie Beck

3. (b) If veteran, name war _____

3. (c) Social Security No. White

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John L. Beck

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November 4 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 1 22 hr. min.

9. Birthplace Aurora, Indiana Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Kaepfel

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Barbara ?

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant J.L. Beck

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. G. Gordon

(b) Address Jefferson City, Missouri

19. (a) 12-27-44 (b) Thos. G. Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. 300 East Dunklin Street
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 44 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 11/24/44, 1944, to 12/26/44, 1944;
that I last saw he alive on 12/25/44, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute psychosis Duration 3 days

Due to chronic hepatitis 1 yr.

Due to Fracture of neck of femur 6 mo.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 12/26

Of operations: _____

Of autopsy Chronic hepatitis
kidney not examined

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)

Means of injury _____

23. Signature Thos. G. Gordon (at other) _____
Address Jefferson City, Mo Date signed 12/26/44

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

AUG 12 1958

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-5-45

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 Fred P. Dille

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.