

FILED FEB 13 1945

Primary Registration District No. 3002

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mexico General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community _____
years, months or days) 0

3. (a) PRINT
FULL NAME Emil C. Becker

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 Widowed
6. (b) Name of husband or wife. Sallie J. Becker
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 18, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 15 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Holtkamp

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Jan 4, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pruitt

(b) Address Mexico, Mo.

19. (a) Jan 3-45 (b) Margaret N. Mackie
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #3, Mexico
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1945 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1
to Jan 2, 1945
that I last saw him alive on Jan 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 20 min.
Due to Cardio Vascular Hypertension 4 yrs.
Due to _____

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

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature D. E. Pruitt (M. D. or other) MD
Address Mexico, Mo. Date signed 1-3-45

JUL 6 1946

RECEIVED

Sanitary Health Officer No. 10

District File Number 2-45-283

Date Filed FEB 11 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.....

Earl E. Precht....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.