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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9424

State File No.

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether years, months or days) all of life

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL") 1

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dora Annie Beckett

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race W

6. (a) Single, widowed, married, divorced m 1

6. (b) Name of husband or wife Wilbert

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb (Month) 23 (Day) 1902 (Year)

8. AGE: Years 43 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Chas Tarter
13. Birthplace (City, town, or county) Ky (State or foreign country) 1

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

16. (a) Informant Wilbert Beckett

(b) Address Excelsior Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Evan

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs Mo

19. (a) 3-14-45 (Date received local registrar) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1945 hour 8 minute 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.

Coroner's Case

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Coroner's Case

Of autopsy 94a

Duration

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 John S. Morton (Coroner) (M.D. or other)

Address No Kansas City Mo Date signed 3/12/45

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 4/6/45

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address Ex. Lge. Missouri

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.