

FILED APR 7 1945

Registration District No. 375

Primary Registration District No. 6279

Registrar's No.

1. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town GASCONADE TWP- RURAL  
(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)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community 30 yrs  
years, months or days)

3. (a) PRINT FULL NAME DAVID BECKETT  
3. (b) If veteran, name was NONE  
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased MARCH 1 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 26 hr. min.

9. Birthplace CLAY CO MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

12. Name THOMAS H. BECKETT  
13. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name LIZZIE WOODS  
15. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Fry

(b) Address MANSFIELD MO

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

(c) Place: burial or cremation NEW HOPE CEM.

18. (a) Signature of funeral director E. A. Cliffe

(b) Address MANSFIELD MO

19. (a) 3-9-1945 (b) W. J. Myers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT  
(c) City or town GASCONADE TWP- RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 114  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 27  
year 1945 hour 1 minute 30 P.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.

Immediate cause of death  
Probably Coronary Thrombosis  
Due to This man died suddenly and without medical aid

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 statitically.

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 3

23. Signature W. J. Myers XXXXXX  
Address Corone Date signed 3/28/45

RECEIVED

District Health Officer No. 6;

District File Number 445-402

APP 7 1945  
Date Filed -----

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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..... *F.A. Steff* .....

Licensed Embalmer No. 3221

P. O. Address *Manfield 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.