. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13817

Registration District No. 178 Primary Registration District No. 4286 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Lewis

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 56

(a) State Missouri. (b) County Lewis 2

(c) City or town La Grange 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Lillian Beckey

3. (b) If veteran, name war ------ 3. (c) Social Security No. ----

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Adam J. Beckey 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 12th. 1902
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	9	25	hr. min.

9. Birthplace Canton (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Arch Lawrence
13. Birthplace Canton, (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name Minnie Ball
15. Birthplace Canton (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant P. E. Graham
(b) Address 314 Maple St Quincy Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4.9/45 (Month) (Day) (Year)
(c) Place: burial or cremation Quincy Ill.

18. (a) Signature of funeral director H. W. Robeck
(b) Address La Grange, Mo.

19. (a) April 12-1945 (Date received local registrar) (b) P. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7
year 1945 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death By gun shot through head. By her own hand with suicide intent.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Suicide

(b) Date of occurrence April 7, 1945

(c) Where did injury occur? La Grange (City or town) Lewis (County) Mo. (State)

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

While at work? No. (e) Means of injury head injury

23. Signature Earl H. Barkley Coroner (M. D. or other)
Address Canton, Mo. Date signed 4/7/45

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1945

RECEIVED
District Health Officer No. 10
District File Number 5-45-760
Date Filed MAY 10 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 A.A.Roberts, Registered Apprentice No. ....., working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, 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.