

FILED JUL 10 1945
Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 778

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution few hours
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Will

(c) City or town Joliet
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Henry M. Beckwith M.O.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1945 hour 10:03 minute a M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: January (Month) 15 (Day) 1867 (Year)

21. I hereby certify that I attended the deceased from 6-27 1945, to 6-27 1945;
that I last saw him alive on 6-27 1945;
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 5 Days 12 If less than one day _____ hr. _____ min.

Immediate cause of death Fracture of Skull & Contusion of Brain

Due to _____

Due to _____

9. Birthplace Plattsburgh New York
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

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

Major findings: _____

Of operations _____

Of autopsy NO

11. Industry or business _____

12. Name Benjamin M. Beckwith

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Louise Mitchell

15. Birthplace Wis - 1
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident shot

(b) Date of occurrence 6-27-45

(c) Where did injury occur? Public Storage, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Storage
(Specify use of place) (e) Means of injury Burn

16. (a) Informant Cynthia Louise Beckwith daughter

(b) Address 623 Biell Ave. Joliet Ill

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 6-27-45
(Month) (Day) (Year)

(c) Place: burial or cremation Joliet Ill

18. (a) Signature of funeral director Frank Cottrell

(b) Address Poplar Bluff Mo

19. (a) 6/27/45 (Date received by registrar)

(b) Belle Timmer (Registrar's signature)

Signature B. S. Davis (M. D. or other)

Address Poplar Bluff Mo Date signed 6/27/45

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

MOTHER FATHER

RECEIVED
District Health Office No. 2
District File Number 745-892
Date Filed 7-6-45

MAY 6 1948

AUG 10 1946

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 James W. Green
Licensed Embalmer No. 2964
P. O. Address Capitol Bluff 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.