

FILED AUG 7, 1945
Registration District No. **3-21**

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Union (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home - Rural (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

Mary Elizabeth Beckham
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sam Beckham 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2-6-1909 (Month) (Day) (Year)

8. AGE: Years 37 Months 5 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Tom H. Berry

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

14. Maiden name Lillian

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

16. (a) Informant Sam Beckham

(b) Address Barclay, Mo.

17. (a) Burial (b) Date thereof 7-31-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge west

18. (a) Signature of funeral director J. E. Jordan

(b) Address Union, Mo.

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley
(c) City or town 18 miles west of Union (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29 year 1945 hour 2 minute 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 asphyxiation
Cardiac failure
Due to Carcinoma of sigmoid
Prognosed amulets ca.

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

Major findings: Of operations _____
Of autopsy U6

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? _____ Means of injury car
23. Signature A. Markel (M. D. or other) _____
Address Ripley Bluff, Mo. Date signed 8/1/45

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.....

Licensed Embalmer No. 3200

P. O. Address. Doniphan

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.