S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36070

FILED DEC 4 1945

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4748

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Josephs Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4200 east 59 th Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Susanne Katheryn BECKER
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 14, 1945 (Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 3 If less than one day _____ hr. _____ min.
9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation None (Baby)
11. Industry or business

MOTHER FATHER
12. Name Jack Becker
13. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Ruth Amelia Hibbs
15. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mr. M.A. Hibbs
(b) Address 4200 East 59th St. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.
19. (a) 11-20-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 th year 1945 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from Pathologist, 19____; that I last saw h____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Erythroblastosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 161 C	
Major findings: Of operations	
Of autopsy As above	

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 Braine Thorwood (M. D. ~~other~~)
Address Pathologist Date signed 11-18-45
St. Joseph Hospital, K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Ellen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.