

10-10-60 I X16603

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**40854**  
Do not use this space.

Registration District No. 539  
Primary Registration District No. 53-2-94047

(d) Street No. 1 St. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
occurred 6 yrs.  mos.  ds. (f) How long in U. S., if of foreign birth? yrs.  mos.  ds.

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1, 1945

22. I HEREBY CERTIFY, That I attended deceased from  
11-29 1945 to 11-30 1945

I last saw h.l.m. alive on 11-30, 1945. Death is said to have occurred on the date stated above, at 12.20A.M.  
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

**Other contributory causes of importance:**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....


24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no

(Signed) W. Beckman, M. D.  
(Address) Strasburg, 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.....

12-1-45 By me, Registered Apprentice No. 3785  
working under my personal supervision. 

Signed.....

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill,

**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, above space should be left blank.**