

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

**1. PLACE OF DEATH:**  
 (a) County Marion  
 (b) City or town Linnibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
417 Smith Street 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 \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME** Lawrence S Beckner  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 17 1858  
 (Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Arlington Ind 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired

12. Name Alfred Beckner

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

14. Maiden name Evelyn Mann

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

16. (a) Informant Mrs Clarence Beckner

(b) Address Linnibal, Missouri

17. (a) Burial (b) Date thereof 11-24-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mrs. Olive Cemetery

18. (a) Signature of funeral director J. A. D. Jones

(b) Address Linnibal, Mo

19. (a) Nov 29 45 (b) S. E. M. Guke  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Marion 64  
 (c) City or town Linnibal 3  
 (If outside city or town limits, write "RURAL") 4  
 (d) Street No. 417 Smith St 0  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month November day 22  
 year 1945 hour \_\_\_\_\_ minute 6:15 AM.  
 21. I hereby certify that I attended the deceased from Nov 12 1945 to Nov 22 1945  
 that I last saw him alive on Nov 16-1945 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of ascending colon

Due to \_\_\_\_\_ Duration Don't know  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations None

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. B. Blue (M. D. or other) \_\_\_\_\_  
 Address Linnibal Mo Date signed 11-27-

MOTHER FATHER

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

1394

(Licensed Embalmer's Statement on Reverse Side)

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: *H. M. McDonnell*

Licensed Embalmer No. *3889*

P.O. Address: *Hannibal, 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.