

Registration District No. **187**

Primary Registration District No. **3040**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County Luningtan

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

(c) Name of hospital or institution:
217 Jackson St. 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 45 yrs.
years, months or days

3. (a) PRINT FULL NAME George W. Beckler

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-10-3146

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna M. Beckler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sgt 14 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>4</u>	<u>15</u>	<u>✓</u> hr. <u>✓</u> min.

9. Birthplace Hillsboro Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Farming Equipment

12. Name John Beckler

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

14. Maiden name Mary See L

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

16. (a) Informant Mrs Fred Glick

(b) Address Chillicothe, Mo

17. (a) Burial (b) Date thereof 2/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Donald P. Gordon

(b) Address Chillicothe, Mo

19. (a) Jan - 31 - 1946 Frances B. Neill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Luningtan

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

(d) Street No. 217 Jackson St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan 29
1946, to Jan 29 1946
that I last saw h. wa. alive on January 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Styptostatic pneumonia 3 days

Due to Right-sided flaccid hemiplegia 7 days

Due to Capsular lesion of thrombotic origin

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

Major findings: Of operations none

Of autopsy g30

Duration

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? _____

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

23. Signature Joseph E. Prior (M. D. or other) NO.

Address Box 447, Chillicothe Mo Date signed 1-30-46

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

1508

OCT 31 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Ronald F. Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.