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43
5-17-39
X37823

FILED FEB 11 1946
Registration District No. 225

Primary Registration District No. 4366

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Grandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Grandy
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Ivan Beck

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 35 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Jalisco, KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance agent

11. Industry or business

MOTHER FATHER { 12. Name John Beck 9
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name Sara E. Meadows
15. Birthplace Dimond 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Beck
(b) Address Grandy, Mo
17. (a) Jan 1 1946 Date thereof. 9
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grandy, Mo

18. (a) Signature of funeral director Culmick
(b) Address Cassville

19. (a) 1-3-1946 (b) M. L. Young
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st
year 1946 hour 3 minute..... AM.
21. I hereby certify that I attended the deceased from Feb. 21
1946 to Jan 1st 1946
that I last saw him alive on Jan 1st 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic cardio-renal hypertensive disease 2 yrs

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 12/6
Of autopsy.....
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)
(c) Means of injury.....

23. Signature Chas. O. Chester (M. D. or other) D.O.
Address Grandy, Mo Date signed 1-1-46

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

1667

RECEIVED

District Health Officer No.

District File Number 146-17

Date Filed 2-8-46

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.