

FILED MAR 8 1946

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
519 Jackson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Abraham Becker

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 2 5. Color or race W. Euro. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Deceased (c) Age of husband or wife if alive dead years

7. Birth date of deceased: Feb (Month) 16 (Day) 1861 (Year)

8. AGE: 84 Years Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation Famer

11. Industry or business Famer

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Dora Lee

(b) Address Tray, Kansas

17. (a) Beard (Burial, cremation, or removal) (b) Feb 8 - 1946 Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director James E. Martin

(b) Address 1602 Mississippi

19. (a) Feb. 11, 1946 (Date received local registrar) (b) St. Joseph, Mo. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 519 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 Feb, day 5th, year 1946, hour midnight, minute 00  
21. I hereby certify that I attended the deceased from Sept 8, 1942 to February 4, 1946  
that I last saw him alive on February 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic regurgitation Duration 2 Yrs.  
Due to Arteriosclerosis 10 Yrs.

Other conditions (Include pregnancy within 3 months of death)  
PHYSICIAN  
Major findings:  
Of operations 97  
Of autopsy

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. Signed Charles H. Kerner (M. D. or other) 0  
Address Kirkpatrick Bldg Date signed 2-7-46

**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.....

*J. F. Ramsey*

Licensed Embalmer No. 4081

P. O. Address. 1602 Mellanville St. S.W.

**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.**