S. No. 2
M—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21068

FILED JUL 9 1946

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 201

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Mo. & 4. Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. Bothwell Hotel 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lucile Shain Beckemeyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife William A. Beckemeyer

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November (Month) 30 (Day) 1889 (Year)

8. AGE: Years 56 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Clarence (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hopkins B. Shain 0
13. Birthplace Macon County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catherine Hockensmith
15. Birthplace Atlanta (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Dr. W. A. Beckemeyer
(b) Address Sedalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 6-27-46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1946 hour 320 minute P M.

21. I hereby certify that I attended the deceased from Feb 20, 1946, to June 24, 1946
that I last saw her alive on June 24, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus	18 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

48 B

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. L. Walter (M. D. or other) MD
Address Sedalia Mo Date signed 6-25-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-3-46

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 R. P. M. Gray

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.