

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Beck meyer
State File No. *21085*
Registrar's No. *174*

FILED *AUG 24 1946*

Primary Registration District No. *3052*

1. PLACE OF DEATH

(a) County *Pettis*
(b) City or town *Sedalia*
(c) Name of hospital or institution *Bethweel*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *8 years* (Specify whether
In this community *8 years* years, months or days)

3. (a) PRINT FULL NAME

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

4. Sex *Female* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *Widow*
6. (b) Name of husband or wife *George* 6. (c) Age of husband or wife if alive *9-27-1883*
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years *88* Months *6* Days *4* If less than one day hr. min.

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

10. Usual occupation *Housewife*

11. Industry or business

MOTHER FATHER { 12. Name *William Rucker* 9
13. Birthplace *Unknown* 9 (City, town, or county) (State or foreign country)
14. Maiden name *Mary Cowden* 9
15. Birthplace *Unknown* 9 (City, town, or county) (State or foreign country)

16. (a) Informant *Hubert White*

(b) Address *Sedalia Mo*

17. (a) *Burial* (b) Date thereof *6/2/46* (Month) (Day) (Year)

(c) Place: burial or cremation *Rockbrook Mo*

18. (a) Signature of funeral director *Fred Wellman*

(b) Address *Clinton Mo*

19. (a) *6/2/46* (b) *Betty Yeager* (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Pettis* 80
(c) City or town *Sedalia* 70
(If outside city or town limits, write "RURAL")
(d) Street No. *214 E 6th Street* 7
(If rural, give location)
(e) Citizen of foreign country? *✓* (Yes or No) 7
If yes, name country *✓*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *5* day *31* year *1946* hour *4:45* minute *PM*

21. I hereby certify that I attended the deceased from *May 18* 19*46* to *May 31* 19*46*
that I last saw him alive on *May 31* 19*46*
and that death occurred on the date and hour stated above.

Immediate cause of death *Myocarditis, chronic* Duration *—*
Due to *arterio-sclerosis* *—*

Due to *Senile change*
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *93d* Of autopsy *93d* 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 *W. J. Kemmer* (M. D. or other) *MD*
Address *Sedalia Mo* Date signed *6/31/46*

RECEIVED

District Health Officer No. 8,

District File Number.....

Dated 6-15-46

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.....

Licensed Embalmer No. 2478

P. O. Address.....

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.