

S. No. 2
M-5-43
v. 5-17-39
I X3687

Registration District No. **373**

Primary Registration District No. **6267**

Registrar's No. **37**

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

1. PLACE OF DEATH:
 (a) County Webster
 (b) City or town Jackson Twp
 (c) Name of hospital or institution: R2, Elkland
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 8.5 yrs
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Webster
 (c) City or town Elkland R2
 (If outside city or town limits, write "RURAL")
 (d) Street No. Jackson Twp
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William B. Beckerdite
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17
 year 1946 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from
June 15 1946, to June 17 1946
 that I last saw him alive on June 17 1946
 and that death occurred on the date and hour stated above.

4. Sex M. **5. Color or race** W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Cardelia A.
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased June 6 1861
 (Month) (Day) (Year)

Immediate cause of death Acute Myocarditis
 Duration 3 days

8. AGE: Years 85 Months 0 Days 11
 If less than one day _____ hr. _____ min.

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

9. Birthplace Webster Co Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Beckerdite
12. Name Brice Beckerdite
13. Birthplace Unknown
14. Maiden name Edaline Coyle
15. Birthplace M.C.
 (City, town, or county) (State or foreign country)

Major findings: 930
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Cardelia A. Beckerdite
(b) Address R2 Elkland Mo
17. (a) burial **(b) Date thereof** 6/19/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int. Oak

22. If death was due to external causes, fill in the following:
 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? _____

18. (a) Signature of funeral director [Signature]
(b) Address [Address]
19. (a) 6/25/46 **(b)** [Signature]
 (Date received by registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
23. Signature [Signature] (M. D. or other) 2
Address Fair Grove Mo **Date signed** 6/17/46

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

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address

Springfield

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.