

No. 2-
1-5-43
5-17-39
I X36671

FILED SEP 40 1946

Registration District No. **3056**

Primary Registration District No. **3056**

Registrar's No. **169**

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
710 McKinley Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community one year seven months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 710 McKinley
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUCY LUE EMMA BECKWITH

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1946 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 25
1946 to August 12 1946
that I last saw h/a alive on August 12 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George F. Beckwith 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November-5-1891
(Month) (Day) (Year)

Immediate cause of death Carcinoma of cervix uteri Duration 1 year

8. AGE: Years Months Days If less than one day

54 9 7 hr. min.

Due to _____

Due to _____

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

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

10. Usual occupation Housewife

Major findings: Of operations 460

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business James H. Dixon

12. Name _____

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

14. Maiden name Barbara Ellen Tucker

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

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? _____

16. (a) Informant George F. Beckwith

(b) Address 710 McKinley Proberly Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-14-46
(Month) (Day) (Year)

(c) Place: burial or cremation Proberly Missouri

While at work? _____ (Specify type of place)

(c) Means of injury _____

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Proberly Missouri

19. (a) 8-14-46 (Date received local registrar) (b) John William Cause (Registrar's signature)

23. Signature W. H. McCornick D.O. (M. D. or other)
Address 300 1/2 Reed St Proberly Mo Date signed 8-13-46

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

MOTHER, FATHER

OCT 8 1946

RECEIVED
District Health Officer No. 10
District File Number 9:46:1661
Date Filed SEP 7 1946

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. M. Cater*

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.