

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-28-46 to 11-11-46
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Pike Ill
(c) City or town Rockport Ill
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME

WALTER BECKENHOLT

3. (b) If veteran, name war.

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 11
year 1946 hour 6:45 P minute --- M.

21. I hereby certify that I attended the deceased from 10-28-46
to 11-11-46, 1946
that I last saw him alive on 11-11-46
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Right

Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. [Signature])
Address Louisiana Mo Date signed 11/14/46

4. Sex MALE 5. Color or race W 6. (a) Single ✓ widowed --- married --- divorced 1
6. (b) Name of husband or wife Grace Elmore 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased: 8 (Month) 11 (Day) 1884 (Year)

8. AGE: Years Months Days If less than one day
67 3 --- hr. --- min.

9. Birthplace PIATT Co. Illinois (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business General Farming

12. Name John Beckenholdt

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

14. Maiden name SAULIE CHASE

15. Birthplace PIATT Co, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Beckenholdt

(b) Address Rockport, Ill

17. (a) Burial (b) Date thereof 11-13-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsfield, Ill

18. (a) Signature of funeral director Walter M. Platten

(b) Address Pittsfield, Ill

19. (a) 11-11-46 (b) Bernice Collier (Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 10
District File Number 12-46-2263
Date Filed DEC 10 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.....

Licensed Embalmer No.....

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.