

0-2
5-43
7-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40415

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 29

1. PLACE OF DEATH:

(a) County FRONT
 (b) City or town FRONTON
 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE BECK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / Color or race W

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

6. (b) Name of husband or wife John Beck

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept 18 1875
 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 10
 If less than one day hr. _____ min. _____

9. Birthplace Reynolds Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Marcelle Cozime

13. Birthplace Reynolds Co Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs John Beck

(b) Address Belington Mo

17. (a) Burial (b) Date thereof 11-30-46
 (Burial, cremation, or removal) (Month)-(Day) (Year)

(c) Place: burial or cremation Belington Mo

18. (a) Signature of funeral director Phil J. Fenchel

(b) Address Van Buren Mo

19. (a) 12-14-46 (b) Mollie Jones
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
 year 1946 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from 6-10-1946 to 11-28-1946

that I last saw her alive on 11-28-1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Mutations of
Cancer of Rectum
To lungs

Due to _____

Due to _____

Other conditions None HOD
 (Include pregnancy within 3 months of death)

Major findings: Unknown to me

Of operations _____

Of autopsy None

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 Lloyd W. Gray (M. D. or other) MD
 Address Belington Mo Date signed 12-7-46

4
1246-2998
12-19-46

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 11-29-H

....., Registered Apprentice No.
working under my personal supervision.

Signed Philip A. Tenckel
Licensed Embalmer No. 2936
P. O. Address Van Buren 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.