

FILED JAN 16 1947

Registration District No. 173

Primary Registration District No. 2036

Registrar's No. 100112

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution about 2 hours
(Specify whether)
 In this community entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lawrence
 (c) City or town Rural - Monett R.1
(If outside city or town limits, write "RURAL")
 (d) Street No. None
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country none

3. (a) PRINT FULL NAME George Washington Beckett
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 5
 year 1947 hour 3 minute 0 M.
 21. I hereby certify that I attended the deceased from Jan 5 to Jan 5, 1947
 that I last saw him alive on Jan 5, 1947
 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 Widowed
 6. (b) Name of husband or wife Josephine Beckett
 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased October 3 1860
(Month) (Day) (Year)

Immediate cause of death lab. myocarditis
 Duration 7

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>86</u> | <u>3</u> | <u>2</u> | hr. _____ min. _____ |

Due to _____
 Due to 6

9. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired Farmer

Major findings: A 3D
 Of operations _____
 Of autopsy _____

11. Industry or business None

12. Name Isaac Beckett

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

14. Maiden name Mary Susan Wilam

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Troy Beckett
 (b) Address Monett Mo

17. (a) Burial (b) Date thereof Jan 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NA
 (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? 0

18. (a) Signature of funeral director Callaway
 (b) Address Monett Mo

(e) Means of injury _____
 While at work? _____
 23. Signature R. S. Lowan (M. D. or other)
 Address Aurora Mo Date signed 1-6-47

19. (a) 1-10-1947 (b) One Mc Natta
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 147-99

Date Filed JAN 13 1947

6801 7 CBS

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.