

FILED JAN 17 1947

Registration District No. 178

Primary Registration District No. 5664

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Williamstown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reddish Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Entire Life (Specify whether _____ years, months or days)

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

3. (a) PRINT FULL NAME Elle Nora Becker
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Becker
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Jan. 29 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1st
year 1947 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from Dec. 30, 1946, to Jan 1, 1947;
that I last saw her alive on Jan 1, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to arterial sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 85 Months 11 Days 2 If less than one day _____ hr. _____ min.
9. Birthplace Centon Co. Ky. (City, town, or county) (State or foreign country)

Major findings: Of operations J3A
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name William Cain
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Fannie Seagriff
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant B. T. Becker
(b) Address St. Louis Mo.
17. (a) Burial (b) Date thereof 1/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Anthony's Mortuary
18. (a) Signature of funeral director W. J. Buckley
(b) Address Centon Mo.
19. (a) 1-4-47 (b) B. J. Jennings md
(Date received local registrar) (Registrar's signature)

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 Dr. C. E. Todd (M. D. or other)
Address Williamstown Mo. Date signed 1/2/47

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

6
0
0

161

RECEIVED
DEPT. OF HEALTH
CIVIL No. 10
1-16-47
JAN 16 1947

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 Earl H. Buckley
Licensed Embalmer No. 3615
P. O. Address Canton, 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.