

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 120

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5446

State File No. 4530

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural Cooper Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
In this community 29-6-0

3. (a) PRINT FULL NAME Minnie Beckman

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive no years
7. Birth date of deceased 8 (Month) 10 (Day) 1865 (Year)

8. AGE: Years 81 Months 5 Days 29 If less than one day hr. ✓ min.

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

10. Usual occupation House Work

11. Industry or business

12. Name Thomas Beckman
13. Birthplace Brown County (City, town, or county) Illinois (State or foreign country)
14. Maiden name Malissa Mokes
15. Birthplace Brown County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs Myrtle-Elip
(b) Address Stanberry Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 11 (Day) 1947 (Year)
(c) Place: burial or cremation High Ridge Cem. at Stanberry

18. (a) Signature of funeral director J. Evan Johnson
(b) Address Stanberry Mo.
19. (a) Adj 21-11-47 (b) James Th. Thibault (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Two miles East of Stanberry Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1947 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from Feb 9, 1947, to Feb 9, 1947; that I last saw her alive on Feb 9, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Freezing
Due to Freezing
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1947
Of autopsy 1947

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) (c) Means of injury 2
23. Signature R. J. Williams (M. D. or other) DO
Address Stanberry Mo. Date signed 2-10-47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

MAR 6 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

J. Evan Johnson, Registered Apprentice No. ✓
working under my personal supervision.

Signed

J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stankery 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.