S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12586

Registration District No. 42 | Primary Registration District No. 5134 | Registrar's No. 545

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural, Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RR #2, Highway "K", St. Joseph
(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 lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 6
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2- Highway K. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Homer Beck.
3. (b) If veteran, name war ——
3. (c) Social Security No. 491-28-7346
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Elizabeth Beck.
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February (Month) 22nd. (Day) 1873 (Year)

8. AGE: Years 74 Months 1 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph, Missouri. (City, town, or county) (State or foreign country) 0
10. Usual occupation Orchardist.
11. Industry or business Orchards.
FATHER
12. Name Frederick Beck
13. Birthplace ---- (City, town, or county) Germany. (State or foreign country) 4
MOTHER
14. Maiden name Matilda Hessemeir.
15. Birthplace Easton, Missouri. (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs Ruth Elizabeth Beck
(b) Address Route 2- St. Joseph, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director L. Swinfarm Funeral Home
(b) Address 602 South 10th. Street.
19. (a) 4-21-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th. year 1947 hour 4 minute 50 P.M.
21. I hereby certify that I attended the deceased from Viewed Apr. 12th, 1947, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sugar Diabetes	
Due to	
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? (Specify type of place) 2
Whilst at work? (e) Means of injury
23. Signature B. W. Taddo Cor one R (M. D. or other)
Address KING HILL BLDG St. Joseph, Mo Date signed 4/12/47

382

(Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Siebenfaden Fo

Licensed Embalmer No. 4235

P. O. Address St. Joseph M

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.