

State File No. _____
Registrar's No. 53

Registration District No. _____ Primary Registration District No. 4159

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Pattonsburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 56 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Daviess 31
(c) City or town Pattonsburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lela Elva Beckett
3. (b) If veteran. name war. _____ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 26
year 47 hour 1 minute _____ A.M.
21. I hereby certify that I attended the deceased from March 17
1947 to April 26, 1947.
that I last saw her alive on April 26, 1947
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles F. Beckett 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased mor 4 1872
(Month) (Day) (Year)

Immediate cause of death _____
Central Hemorrhage.
Due to hypertension
and atherosclerosis.
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 75 Months 1 Days 22 If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Adel Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

MOTHER FATHER
11. Industry or business _____
12. Name William Adams
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Delia Prouty
15. Birthplace Stark Co Ohio
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs Elizabeth Koger
(b) Address Pattonsburg MO
17. (a) Burial (Barial, cremation, or removal) (b) Date thereof 4-29-47
(Month) (Day) (Year)
(c) Place: burial or cremation 100th Pattonsburg MO
18. (a) Signature of funeral director Adstromer
(b) Address Pattonsburg mo
19. (a) 5-6-47 (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature)

23. Signature John Stark (M. D. or other) _____
Address Pattonsburg mo Date signed 5/31/47

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

JUN 1 3 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUN 2 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 E. S. Brown

Licensed Embalmer No. 2857

P. O. Address E. S. Brown

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.