

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Slate File No. **21910**  
Registrar's No. **82**

FILED JUL 14 1947  
Registration District No. **2**

Primary Registration District No. **4427**

1. PLACE OF DEATH:

(a) County **Pulaski**  
(b) City or town **Waynesville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Waynesville General**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 hrs.**  
(Specify whether  
In this community **3 hrs.**  
years, months or days)

3. (a) PRINT  
FULL NAME

**Paul Ray Becker**

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex **male**

5. Color or  
race **W**

6. (a) Single, widowed, married,  
divorced **0**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive **—** years

7. Birth date of deceased **7 - 3 - 47**  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

**3** hr. min.

9. Birthplace **Waynesville**  
(City, town, or county)

**Missouri**  
(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Paul Becker**

13. Birthplace **St. Louis**  
(City, town, or county)

**Missouri**  
(State or foreign country)

14. Maiden name **Margaret Mathila Mitchell**

15. Birthplace **Clarksville**  
(City, town, or county)

**Missouri**  
(State or foreign country)

16. (a) Informant **Mrs. Paul Becker**

(b) Address **1603 N Walnut - Rolla, Mo.**

17. (a) **Removal**  
(Burial, cremation, or removal)

(b) Date thereof **7 - 3 - 47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn**

18. (a) Signature of funeral director **Richard**

(b) Address **Richland**

19. (a) **7/12/47**  
(Date received local registrar)

(b) **Thelma C. Buckthorn**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**  
(c) City or town **Rolla**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1603 N Walnut**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3**  
year **1947** hour **3:00** minute **11** M.

21. I hereby certify that I attended the deceased from  
**July 3**, 19**47**, to **July 4**, 19**47**  
that I last saw him alive on **July 3**, 19**47**,  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Prematurity**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

**5 hrs**

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 **Thelma C. Buckthorn** (M. D. or other)  
Address **Richland** Date signed **7/12/47**

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

MOTHER FATHER

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.

*Not Embalmed*

Signed.....

*[Signature]*

Licensed Embalmer No. ....

*3198*

P. O. Address.....

*Richland*

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.