No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24082

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 3072

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Lutheran Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-27-47- 7-17-47 (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4510 Cambridge 2
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lena Beckman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe 1

5. Color or race Wh.

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Gust Beckman

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

7. Birth date of deceased May (Month) 21 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	1	26	hr. min.

9. Birthplace no record (City, town, or county) Sweden 4 (State or foreign country)

10. Usual occupation housewife 1

11. Industry or business at home

FATHER
12. Name Johnson
13. Birthplace no record (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Rev. Victor Spong
(b) Address 43 & Genesee

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City Kansas

19. (a) 7-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1947 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from June 1 1947 to July 17 1947
that I last saw her alive on July 17 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	6 mos
Due to: Generalized Metastatic Carcinoma to ribs + Chest	2 mos
Due to: myocarditis	1 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46 b
Of autopsy

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury

23. Signature Carl H Brush (M. D. or other)
Address 106 W 14th St K.C. Mo Date signed 7-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Gr. Brust
Power + Light Bldg
Gr. 0060
4 PM.

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.....Wm. L. Ward.....

Licensed Embalmer No.....3991.....

P. O. Address.....308 East 68 Ter
Kcmo

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.