

S. No. 2  
M-5-43  
v. 5-17-39  
X36671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24845

State File No. ....

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 46

1. PLACE OF DEATH:

(a) County MILLER  
(b) City or town ELDON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1127- MAPLE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 78 yrs (Specify whether years, months or days)  
In this community 78 yrs

3. (a) PRINT FULL NAME Emil-Albert-Becker

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARTHA JANE BECKER 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased JAN-31-1858  
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Ret-merchant

11. Industry or business Gen-Store

12. Name Peter-Wilhelm

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name CARLINE-SEGERING

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Martha Becker

(b) Address ELDON MO

17. (a) BURIAL (b) Date thereof 8-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELDON: CCM

18. (a) Signature of funeral director Edith McKay

(b) Address ELDON MO

19. (a) 8-9-47 (b) Alvretta Walt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER  
(c) City or town ELDON (If outside city or town limits, write "RURAL")  
(d) Street No. 1127- MAPLE (If rural, give location)  
(e) Citizen of foreign country? yes no (Yes or No)  
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1947 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Aug 4, 1947, to Aug 7, 1947, that I last saw him alive on Aug 7, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Bronchial Type

Due to

Due to

Other conditions Tuberculosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 E. Sheeton (M. D. or other)

Address ELDON MO Date signed 8/9/47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 8-11-47

JAN 20 1948

### 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 Keith McKays.  
Licensed Embalmer No. 3988  
P. O. Address Eldon 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.**