

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1947

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27217

Registrar's No. 26

Primary Registration District No. 4168

1. PLACE OF DEATH:

(a) County DEKALB
(b) City or town MAYSVILLE
(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 5922
years, months or days)

3. (a) PRINT
FULL NAME

CHARLES BECKMAN

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex MD

5. Color or
race W

6. (a) Single, ~~married~~, married,
~~divorced~~ M

6. (b) Name of ~~husband's~~ wife

ELIZA BECKMAN

6. (c) Age of husband or wife if

alive 72 years

7. Birth date of deceased.

JULY 4 -

22 -

1872

8. AGE:

Years

Months

Days

If less than one day

74 11 23

hr. min.

9. Birthplace.

BROWN Co. ILL.

(City, town or county)

ILL.

(State or foreign country)

10. Usual occupation.

FARMER

11. Industry or business

12. Name.

THOMAS BECKMAN

13. Birthplace.

ILLINOIS

(City, town or county)

(State or foreign country)

14. Maiden name.

MELISSA WAKES

15. Birthplace.

ILL.

(City, town or county)

(State or foreign country)

16. (a) Informant.

Mrs. Eliza Beckman

(b) Address.

Mayville, Mo.

17. (a)

Burial

(b) Date thereof.

7-18-47

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation.

St. Louis, Mayville

18. (a) Signature of informant.

Thos. Beckman

(b) Address.

Mayville, Mo.

19. (a)

7-17-47

(b)

A. L. Duvall

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.

MO

(b) County.

DEKALB

(c) City or town.

MAYSVILLE

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

July

day

15

year

1947

hour

5

minute

25 P M.

21. I hereby certify that I attended the deceased from

19

to

19

July

15

19

47

that I last saw him alive on

July

15

19

47

and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Duration

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?

While at work?

(Specify type of place)

(e) Means of injury.

23. Signature.

A. L. Duvall

Address.

Mayville, Mo.

Date signed

7-17-47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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~~ by

Neal R. Samson

Registered Apprentice No.

484

working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No.

3960

B. O. Adams

Mayville 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.