

No. 2  
12-45  
5-17-39  
X47070  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—  
4  
X

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36917

Registration District No. 375

Primary Registration District No. 6281

Registrar's No.

1. PLACE OF DEATH:  
(a) County Wright  
(b) City or town Mtn. Grove - Rayborn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Van Buren Inf.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life time (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY GREENLEE BECKHAM  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Tom L. Beckham 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 26, 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 19 If less than one day - hr. min.

9. Birthplace Wright County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wright Huttsell  
13. Birthplace Unknown 9  
14. Maiden name Susan Smider  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom L. Beckham  
(b) Address Mtn. Grove, Mo.

17. (a) Burial (b) Date thereof Oct. 16, 1947 (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Russell Barber  
(b) Address Mtn. Grove, Mo.

19. (a) 11-17-47 (b) E. B. Bonner (Registrar's signature) 2117  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Wright 114  
(c) City or town Rayborn  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 15  
year October hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from June 1 - 1947 to Oct. 15 - 1947  
that I last saw him alive on Oct. 12 - 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma breast & lungs

Due to

Due to

Other conditions 50  
(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) (c) Means of injury 0

23. Signature R. W. Clancy (M. D. or other)  
Address Mtn. Grove, Mo. Date signed 10-17-47

RECEIVED  
District Health Officer No. 6,  
District File Number 1147-116 S  
Date Filed NOV 1 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.....

*J. P. Clary*....., Registered Apprentice No. *453*  
working under my personal supervision.

Signed *Russell Barber*

Licensed Embalmer No. *3848*

P. O. Address *Mtn Grove, 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Nov

Registrar's No. 47

Registration District No. 375

Primary Registration District No. 6281

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Marion  
(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 years, months or days)

3. (a) PRINT  
FULL NAME

3. (b) If veteran,  
name war.

3. (c) Social Security  
No.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married,  
divorced in

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if  
alive.

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

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

14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant  
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation

18. (a) Signature of funeral director  
(b) Address

19. (a) Nov. 17, 1947 (b) E. B. Garner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (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 Nov Day 17 Year 1947  
hour minute M.

21. I hereby certify that I attended the deceased from  
to  
that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death

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 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) (c) Means of injury

23. Signature (M. D. or other)  
Date signed

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

SUPPLEMENTARY

S-34917