

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 2 1948

Registration District No. 178

Primary Registration District No. 5666

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural Union
(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 _____
In this community Allo of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry F. Becker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Hattie P. Becker 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 25 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 26 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Andrew Becker

13. Birthplace Alsace-Lorraine

(City, town, or county) (State or foreign country)

14. Maiden name Mary Montague

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

16. (a) Informant Mrs. Henry P. Becker

(b) Address LaGrange, Missouri

17. (a) Burial (b) Date thereof Dec 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover Cemetery

18. (a) Signature of funeral director Paul H. Barkley
(b) Address Canton, Missouri

19. (a) 12-27-47 (b) P. W. Jennings MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 21
year 1947 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 18
1947, to DEC 21 1947;
that I last saw him alive on Nov 30 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS

Due to ARTERIO SCLEROSIS

Due to _____

Other conditions _____
(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 W. F. Ellison M.D. (M. D. or other)
Address LA GRANGE MO Date signed 12/23/47

RECEIVED
District Health Officer No. 10
District File Number 12-47-1848
Date Filed DEC 31 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.....

Paul A. Vaughan, Registered Apprentice No. 454,
working under my personal supervision.

Signed

Earl H. Packley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.