

FILED JAN 8 1948

Registration District No. **360**

Primary Registration District No. **3076**

Registrar's No. **164**

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution 402 D Cedar
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution (Specify whether
years, months or days) some time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeWitt 108

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

(d) Street No. 402 D Cedar
(If rural, give location) No.

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

If yes, name country.....

3. (a) PRINT FULL NAME Carolyn Rowena Beckman

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 23 1947 to Dec 24 1947
that I last saw her alive on Dec 23 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race W

6. (a) Single, ~~Married~~, ~~Widowed~~, ~~Divorced~~ Widowed

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

7. Birth date of deceased: September 29 1872
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction

Due to arteriosclerosis

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

15 yrs

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

75 2 25 hr. min.

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

10. Usual occupation Music teacher

11. Industry or business.....

12. Name Oliver Jerry Beckman

13. Birthplace NY Albany, New York (City, town, or county) (State or foreign country)

14. Maiden name Wray Blake

15. Birthplace NY Hickory, New York (City, town, or county) (State or foreign country)

16. (a) Informant Hattie Gould
(b) Address 338 N. Cedar

17. (a) Burial (b) Date thereof Dec 27, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho Cemetery

18. (a) Signature of funeral director Henry J. ...
(b) Address Neosho, Mo.

19. (a) 1-2-48 (b) Wathyn Jones
(Date received local registrar) (Registrar's signature)

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? (Specify type of place)

While at work? (e) Means of injury.....

23. Signature F. L. Martin (M. D. or other) M.D.
Address Neosho Mo. Date signed 12-31-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

8
1
2

RECEIVED

District Health Officer No. 7,

District File Number 12-47-219

Date Filed 1-7-48

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 MRP

....., Registered Apprentice No.
working under my personal supervision.

Signed

L. B. Terry

Licensed Embalmer No. 1760

P. O. Address Nebraska, 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.