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FILED JAN 22 1948

Registration District No. 923

Primary Registration District No. 6099

Registrar's No. 2

1. PLACE OF DEATH:  
(a) County Schuyler  
(b) City or town Near Senebosity  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Schuyler  
(c) City or town Senebosity MO  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Lena Elsie Beck  
3. (b) If veteran,  name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 12th  
year 1948 hour 9 minute 25 P.M.  
21. I hereby certify that I attended the deceased from Jan 12th, 1948, to Jan 12th, 1948;  
that I last saw her alive on SAME DATE, 1948  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband Beck 6. (c) Age of husband or wife if alive 3 years  
7. Birth date of deceased July 1874  
(Month) (Day) (Year)

Immediate cause of death  
Coronary Thrombosis Duration 15 min.  
Due to Fracture of Femur 2 wks.  
Due to Shock 2 wks.

8. AGE: Years 73 Months 6 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 1st  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

9. Birthplace Cameron West Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Same

12. Name Janeb Farr

13. Birthplace Cameron West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bowler

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

16. (a) Informant Mrs Virgie Brower  
(b) Address Senebosity MO

17. (a) Burial (b) Date thereof Jan 15 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Cemetery

18. (a) Signature of funeral director Wm H. West  
(b) Address Queen City MO

19. (a) Jan 16/48 (b) Robt. A. Drake  
(Date received local registrar) (Registrar's signature)

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 Robt. A. Drake (City or town) \_\_\_\_\_  
Address Queen City, Mo. Date signed 1/14/48

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

District File Number 1:48:117  
Date Filed JAN 20 1948  
Book No. 10

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 Self

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Wm A West

Licensed Embalmer No. 2882

P. O. Address Queens City, N.Y.

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.

Registration District No. 223 Primary Registration District No. 6099

1. PLACE OF DEATH: Schuyler Rural  
(a) County.....  
(b) City or town.....  
(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 Sena E. Beck  
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 m  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....  
7. Birth date of deceased July 3 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 6 (Unless than one day hr. min.)

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 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) (Date received local registrar)..... (b) (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 12 year 1947 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from..... to....., 19.....  
that I last saw him/her alive on....., 19.....  
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.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accidental Fall  
(b) Date of occurrence Dec 15, 1947  
(c) Where did injury occur? Queen City Schuyler Mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm  
While at work? No (Specify type of place) (Type of place)  
(Type of injury) Fracture of  
Femur

23. Signature R. H. Hudkins (M. D. or other) MD  
Address Queen City 779a Date signed July 6, '48

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

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1948  
8461  
5-3641

Overnight

R. J. Strickland  
D.O.