

FILED MAR 5 1948
56

Registration District No. _____

Primary Registration District No. **4080**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Norborne, MO. Egypt**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
500 south pine street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Ten Month.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Carroll 17**
(c) City or town **Norborne.**
(If outside city or town limits, write "RURAL")
(d) Street No. **500 south pine street.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Paul Kenneth Beck, Jr.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **X X** 6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **Dec. 4 1945.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 2 18 hr. min.

9. Birthplace **San Bernardino California.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Paul K. Beck.**
13. Birthplace **Norborne, MO.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary CREEDLE.**
15. Birthplace **Fulton Kentucky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul K. Beck**
(b) Address **Norborne, Missouri.**

17. (a) **Burial.** (b) Date thereof **2/25/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fairhaven Cemetery.**

18. (a) Signature of funeral director **John S. Reitch**
(b) Address **Norborne, Missouri**

19. (a) **2-24-48** (b) **Eileen Pennington**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **23rd**
year **1948** hour **11** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **February 23rd**, 1948, to **February 23rd**, 1948; that I last saw him alive on **February 23rd**, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death **Hydrocephalus acquired at 6 months of age**

Due to **Syria bifida, congenital**

Due to _____

Other conditions **ventral and umbilical hernias**
(Include pregnancy within 3 months of death) **congenital**

Major findings:
Of operations _____
Of autopsy **157P**

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 **Ralph Washell** (M. D. or other) **M.D.**
Address **212 S. Pitt. Norborne, Mo.** Date signed **2-24-48**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-4-48

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 Me

Registered Apprentice No.

working under my personal supervision.

Signed

John G. Deitch

Licensed Embalmer No. 3654

P.O. Address Norborne 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.