No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8363

FILED MAR 18 1948

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 32

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 906 S. Locust St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 18 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Washington (If outside city or town limits, write "RURAL") 6
(d) Street No. 906 S. Locust St. (If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Louis W. Becker.
3. (b) If veteran, name war x
3. (c) Social Security No. None.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of ~~XXXXXX~~ wife Marie F. Becker.
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased March (Month) 16th. (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	11	19	hr. min.

9. Birthplace New Haven. (City, town, or county) Missouri. (State or foreign country) 0
10. Usual occupation Farming.
11. Industry or business x

FATHER
12. Name Louis W. Becker.
13. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country) 4

MOTHER
14. Maiden name Sophia Werner.
15. Birthplace New Haven. (City, town, or county) Missouri. (State or foreign country) 0

16. (a) Informant Mrs. Marie F. Becker
(b) Address Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8. 1948. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Mo.
19. (a) 3-6-48 (Date received local registrar) (b) [signature] (Registrar's signature) 99

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th. year 1948 hour 7:00 minute A. M.
21. I hereby certify that I attended the deceased from March 3 1948, to March 5 1948 that I last saw him alive on March 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

46F

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 0
23. Signature [signature] (M. D. or other) M.D.
Address 205 Elm Washington Mo. Date signed 3-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 9,
District File Number MAR 17 1948
Date Filed

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 A. J. Mulberry

Licensed Embalmer No. 2387

P. O. Address Washington, 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.