No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12340

Registration District No. 382   Primary Registration District No. 4228   Registrar's No. 5

1. PLACE OF DEATH:
(a) County HOWARD
(b) City or town GLASGOW (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 80 yrs 5 Mo 1 Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Glasgow (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 LAVINIA BECKER
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, or divorced Widow
6. (b) Name of husband or wife Lewis Becker
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased OCT. (Month) 18 (Day) 1867 (Year)

8. AGE: Years 80 Months 5 Days 1 If less than one day ... hr. ... min.

9. Birthplace HOWARD COUNTY MO. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HER HOME
FATHER
12. Name HARRISON GRISHAM
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Jack H. Deury
(b) Address Glasgow Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow Mo.
18. (a) Signature of funeral director Audsley-Frewsmith
(b) Address Glasgow Mo.
19. (a) March 24-48 (Date received local registrar) (b) Mrs. Joe King (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 19 year 1948 hour 11 minute 35 P. M.
21. I hereby certify that I attended the deceased from 2-18, 1948 to 3-19, 1948 that I last saw her alive on 3-19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	2 da.
Due to Auricular fibrillation	1 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death) Pulmonary Embolism	3 wks.

Major findings:
Of operations
Of autopsy

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

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 J. M. Marders M.D. (M.D. or other)
Address Glasgow Mo Date signed 3-20-48

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

Jefferson City Printing Co.   (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 4-29-48

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.