S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948
Registration District No. 157

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19804
Primary Registration District No. 3028
Registrar's No. 155

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

49
0
0
1

3. (a) PRINT FULL NAME John "W". BECK
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 2
6. (b) Name of husband or wife Mary E. Beck
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 3, (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	23	br. min.

9. Birthplace Galaway Co., (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation Ret. Painter
11. Industry or business None
FATHER
12. Name John L. Beck 9
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Mary
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mrs. William Nairmore
(b) Address Carthage, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Iola, Kansas
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 6-27-48 (Date received local registrar) (b) L B Dunton (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th.
year 1948 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from June 22, 1948, to June 26, 1948; that I last saw him alive on June 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolism ?	2-3 hrs
Due to Congestive heart failure, severe	2 wks
Due to Arteriosclerotic heart disease	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 97D

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 Charles H. Isbell (M. D. or other) MD
Address 201 W. 3rd, Carthage Mo Date signed June 28, 1948

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

48-6-594

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 Marion Y. McCormick, Registered Apprentice No. 17, working under my personal supervision. M. Y. McCormick

Signed Gene. C. Pugh. Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.