

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23491

FILED AUG 11 1948

State File No.

Registration District No. 199

Primary Registration District No. 5671

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Two Years
years, months or days)

3. (a) PRINT FULL NAME Susan Maragret Beck3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles C. Beck 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 22 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 0 _____ hr. _____ min.

9. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business General duties12. Name Wilson Seay13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name "15. Birthplace "
(City, town, or county) (State or foreign country)16. (a) Informant Charles C. Beck(b) Address Truxton17. (a) Burial (b) Date thereof 7-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hawk Point Mo.18. (a) Signature of funeral director Alfred A. Jones(b) Address Bellflower19. (a) 7-30-48 (b) Emma B. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57
(c) City or town Truxton
(If outside city or town limits, write "RURAL") 0
(d) Street No. Home
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1948 hour _____ minute 30 P. M.21. I hereby certify that I attended the deceased from June 1st
to June 25, 1948, also saw her July 22
that last saw her alive on July 22, 1948,
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia & emphysema but know

Due to myocarditis
Due to arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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?

While at work? _____ (Specify type of place) _____
Means of injury 023. Signature F. M. Reese (M. D. _____)Address Silcox Mo. Date signed 7-24-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 10 1948

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.....

Oland A. Jones

Licensed Embalmer No.....

2978

P. O. Address.....

Bellflower 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.