No. 300
-10-47
-17-39
-I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 16 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36368

Registrar's No. 4325

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5
5331 Highland Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Years (Specify whether
In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5331 Highland 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FRANK BECKER

3. (b) If veteran, name war No

3. (c) Social Security No. 525-12-8163

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 26 (Day) 1878 (Year)

8. AGE: Years 69 Months 11 Days 25 If less than one day hr. min. 1

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Becker 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Florean
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Little Sisters of The Poor
(b) Address 5331 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25, 48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cem.

18. (a) Signature of funeral director Funk & Orbin Co
(b) Address 20 W. Linwood

19. (a) 10-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1948 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from Sept 9, 1948, to Oct 21, 1948, that I last saw him alive on Oct 21 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	4 Hours
Due to: Chronic Myocardosis	10 years
Due to: Generalized Arterio-scherosis	15 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy None

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? John T. Skinner 0
While at work? (Specify type of place) (e) Means of injury

23. Signature John T. Skinner (M. D. or other) MD
Address 1102 Grand Ave Date signed 10/22/48

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.