

No. 300
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-5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42319**

FILED DEC 29 1948

Registration District No. **273**

Primary Registration District No. **4545**

Registrar's No. **63**

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

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution x
In this community 16 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Will Becker

3. (b) If veteran, name war x 3. (c) Social Security No. 488-16-3350

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rosa Becker 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased November - 7 - 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months no Days 26 If less than one day x hr. x min.

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

10. Usual occupation Laborer

11. Industry or business General

12. Name Will Becker

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant D.A. Sams -- step-son

(b) Address 12618 Dorwayne -- Houston, Texas

17. (a) Burial (Burial, cremation, or otherwise) (b) Date thereof 12-5-48
(Month) (Day) (Year)

(c) Place: burial or cremation Marshfield, Mo.

18. (a) Signature of funeral director J. J. Tainey
(b) Address Marshfield, Mo.

19. (a) Dec 15 - 1948 (b) Francis
(Date received local registrar) (Registrar's signature) 392

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Marshfield
(If outside city or town limits, write "RURAL")
(d) Street No. x (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1948 hour _____ minute _____ P.M.

21. I hereby certify that I attended the deceased from 10/26, 1948, to 12-3, 1948,
that I last saw him alive on 12/3, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Carcinomatosis

Due to Primary Carcinoma of Prostate

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations 518

Of autopsy _____

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) (e) Means of injury S

23. Signature J. J. Tainey (M. D. or other) D.O.

Address Marshfield, Mo. Date signed 12/8/48

RECEIVED

8431 18 970

District Health Officer No. 6,

District File Number 1248-1385

Date Filed 12-27-48

DEC 9 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Alex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.