

6480

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Jackson (Crawford Parish)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence, mo		c. CITY (If outside corporate limits, write RURAL and give township) Independence, mo	
c. LENGTH OF STAY (In this place) 44 hrs		d. STREET ADDRESS (If rural, give location) 108 West Kansas	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co Emergency Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Bonnie b. (Middle) c. (Last) Becker		4. DATE OF DEATH (Month) (Day) (Year) FEB 15 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) 1	8. DATE OF BIRTH man - 10 - 1882
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTH PLACE (State or foreign country) Centralia, Kansas
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U-Sa.

13a. FATHER'S NAME Albert Becker	13b. MOTHER'S MAIDEN NAME LAURA Coyle	14. NAME OF HUSBAND OR WIFE MRS JENNIE BECKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NO	16. SOCIAL SECURITY NO. 490-09-2465	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. JENNIE BECKER Independence Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral a. hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 d.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1951, to 2-15, 1951, that I last saw the deceased alive on 2-15, 1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. C. Blumenschein, Mrs	23b. ADDRESS Indep. mo	23c. DATE SIGNED 15 Feb 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/17/51	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) Independence, Mo		24e. (State)
DATE REC'D BY LOCAL REG. 2-17-51	REGISTRAR'S SIGNATURE 398 Donald C. Earnshaw	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo C. Carson Independence Mo

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *John M. Heiman*  
Student Embalmer No. ....

Licensed Embalmer No. *4704*

P. O. Address *Independence, 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.