

FILED MAR 8 1944

Primary Registration District No. 5512

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Henry Creek, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 mi N.E. of Union
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi N.E. of Union
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ANN Margaret Beck

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Beck 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 11 26 1873
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Geo W Boyles

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

14. Maiden name Anna Morgan

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

16. (a) Informant George Beck

(b) Address Wash Mo

17. (a) Burial (b) Date thereof 2-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) February 7, 1944 (Date received local registrar) Georgia Kitchener (Registrar's signature) S. S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 12 1944 to Feb 2 1944

that I last saw her alive on 2-2-44 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Heart failure

Due to Hyperextension causing cerebral paralysis

Due to _____

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

Major findings: Of operations X

Of autopsy L

Duration _____

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) (e) Means of injury _____

23. Signature J. W. Gallusatz (M. D. or other) Union Mo Date signed 2-3-44

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

RECEIVED

District Health Officer No. 7,
District File Number 3-44-202
Date Filed 3-4-44
Date Filed

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.....

G. L. Wilkerson

Licensed Embalmer No. 4360

P. O. Address Clinton 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.