

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20427
Registrar's No. 97

Registration District No. Primary Registration District No. 4144

1. PLACE OF DEATH: *Cooper*
(a) County *Cooper*
(b) City or town *Pilot Grove*
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *none*
In this community *56 years*
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State *Missouri* (b) County *Cooper*
(c) City or town *Pilot Grove*
(If outside city or town limits, write "RURAL")
(d) Street No. *1-0*
(If rural, give location)
(e) Citizen of foreign country? *no* (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME *LEONARD-JOHN-BECKER*
(b) If veteran, name war. *no*
(c) Social Security No. *no*

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *June* day *14*
year *1947* hour *6* minute *30* A.M.

4. Sex *Male* 5. Color or race *W*
6. (a) Single, widowed, married, divorced *Married*
6. (b) Name of husband or wife *Nora Becker*
6. (c) Age of husband or wife if alive *54* years
7. Birth date of deceased *Mar. 10-1891*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *June 14*, 19*47*
that I last saw h... alive on *June 14*, 19*47*
and that death occurred on the date and hour stated above.
Immediate cause of death *left ventricular failure*
Duration

8. AGE: *56* Years Months *3* Days *4*
If less than one day hr. min.

Due to *hypertension*
Due to *arterosclerosis*

9. Birthplace *Pilot Grove Mo*
(City, town or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation *Farmer*

Major findings: Of operations

11. Industry or business *Farmer*

Of autopsy *97*
Underline the cause to which death should be charged statistically.

12. Name *Henry Becker*

13. Birthplace *Cooper Co. Mo*
(City, town or county) (State or foreign country)

14. Maiden name *Mary Palmer*

15. Birthplace *Cooper Co. Mo*
(City, town or county) (State or foreign country)

16. (a) Informant *Nora F. Becker*
(b) Address *Pilot Grove*

17. (a) *Burial* (b) Date thereof *6-21-47*
(City or town) (County) (State) (Month) (Day) (Year)
(c) Place: burial or cremation *Pilot Grove*

22. If death was due to external causes, fill in the following:

18. (a) Signature of funeral director *Henry & Painter*
(b) Address *Pilot Grove, Mo*

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

19. (a) *6-16-47* (b) *D. Hooper*
(Date received local registrar) (Registrar's signature)

(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?

(Specify type of place) (While at work?) (c) Means of injury *2*
23. Signature *C.R. Eggleston* (M.D. or other) *MD*
Address *Pilot Grove, Mo* Date signed *6/17/47*

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-27-47

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.

_____, Registered Apprentice No. _____

Signed Rayton E. Mayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, W.

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.