

FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3485

State File No. \_\_\_\_\_

Registration District No. 571

Primary Registration District No. 5769

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town rural walter T.P.  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Arthur Henry Becker

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Cornelia Catharina Becker

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb 10 1894  
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry F. Becker

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

14. Maiden name Sophia W. Pollman

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

16. (a) Informant Mrs. Arthur H. Becker

(b) Address California, Mo. R.F.D. #4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director J. W. Wilson & Son

(b) Address California, Mo.

19. (a) 1-7-41 (Date received local registrar) (b) J.R. Poppey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau

(c) City or town rural walter T.P.  
(If outside city or town limits, write "RURAL")

(d) Street No. S.E. of California, Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1/5/41 \_\_\_\_\_, 19\_\_\_\_, to 1/5 \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on Jan 5, 1941 \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia in fracture (marrow)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) III

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 504

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. P. Dunsen (M. D. or other) ( )

Address California, Mo. Date signed 1/7/41

**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.....

*A. E. Wilson*

Licensed Embalmer No. *2351*

P. O. Address *California, 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.**