

FILED APR 9 1948 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 220

Primary Registration District No. 43254797

Registrar's No. 2

1. PLACE OF DEATH: **Moniteau Co**

(a) County **Moniteau Co**

(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Tipton Rt. #2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Yrs**
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Tipton, Mo. Rt #2**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles William Becker**

(b) If veteran, name war **No**

(c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **17**
year **1946** hour **7:30** minute **A** M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **April 23, 1936**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb. 28**, 1946, to **Mar. 17**, 1946, that I last saw him alive on **Mar. 16**, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

9 **10** **22** hr. min.

Immediate cause of death **Diabetes mellitus**

Due to _____

Due to _____

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

10. Usual occupation **School Boy**

Other conditions **Diabetes mellitus**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry W. Becker**

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

14. Maiden name **Amanda Hoess**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Henry W. Becker**

(b) Address **Tipton Mo**

17. (a) **Burial** (b) Date thereof **Mar. 19, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Evangelical Cent., Bowlin Funeral Home, California, Mo.**

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Mar. 18-1946** (b) **Mrs. Maude Hudson**
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **J. F. Gots** (M. D. or other) _____

Address **Tipton** Date signed **3/18/46**

203

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

9092

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-8-46

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 me _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Earl R. Bowlin _____
Licensed Embalmer No. 2126 _____
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.