

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40300**

Registration District No. **571**

Primary Registration District No. **5769**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County **Moniteau County**  
(b) City or town **Rural. Walker**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2**  
(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 Norman Becker 260**

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

8. (c) Social Security  
No. \_\_\_\_\_

4. Sex **Male**

5. Color or  
race **White**

6. (a) Single, widowed, married,  
divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **November 3 1939**  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

**Stillborn**

hr. min.

9. Birthplace **Moniteau County**

(City, town, or county)

(State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name **Henry W Becker**

13. Birthplace **Franklin County Mo**

(City, town, or county)

(State or foreign country)

14. Maiden name **Amelia Heess**

15. Birthplace **Cole County Mo**

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature **Henry W. Becker**

(b) Address **California 4120**

17. (a) **Burial** (b) Date thereof **Nov. 3, 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Evangelical Camp**

18. (a) Signature of funeral director **W. K. Bannin**

(b) Address **4120 California Mo**

19. (a) **11-6-39** (b) **W. K. Bannin**  
(Date received local registrar) (Registrar's signature)

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. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **3**  
year **1939** hour **10 AM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Nov. 3**  
**1939**, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Stillborn** Duration \_\_\_\_\_

Due to **Premature Placenta Previa**

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

Other conditions  
(Include pregnancy within 3 months of death)

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

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

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

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 **W. K. Bannin** (M. D. or other) **S.O.**

Address **California Mo** Date signed **11/6/39**

(Licensed Embalmer's Statement on Reverse Side)

**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.....

Licensed Embalmer No. ....

P.O. Address.....

**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, above space should be left blank.**