S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3394

FILED FEB 13 1946

Registration District No. 229 Primary Registration District No. ~~5796~~ 5796 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Montcau
(b) City or town rural Walker Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monteau County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monteau 68
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. McGirk, Mo. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Henry C. Beckman
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Larkin Beckman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 26 (Day) 1864 (Year)

8. AGE: Years 81 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Monteau Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business

MOTHER FATHER
12. Name Carl Beckman
13. Birthplace unknown (City, town, or county) U (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) U (State or foreign country)

16. (a) Informant Ernest Beckman
(b) Address McGirk, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 24, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Evangelical Cemetery
18. (a) Signature of funeral director O. E. Wilson
(b) Address California, Mo
19. (a) 1-24-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1946 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 3, 1944, to Jan 22, 1946, that I last saw h/m alive on Jan 21, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	3 years
Due to: Generalized arteriosclerosis	10 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 9-30 U	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Kenyon Latham (M. D. or other)
Address California, Mo. Date signed 1-22-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-11-46

FEB 18 1946

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.