

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11539

FILED MAR 23 1944

State File No.

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Walter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)
In this community 6.1 years, months or days

3. (a) PRINT FULL NAME ELIZABETH BECKMAN

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced. divorced
6. (b) Name of husband or wife Henry Beckman 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan 8 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Canton Verne 5 Switzerland (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Fred Fabroni

13. Birthplace 5 Switzerland (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Emil Beckman

(b) Address California Mo Rural

17. (a) Rural (b) Date thereof 2-18-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Evangelical Cemetery

18. (a) Signature of funeral director A. E. Wilson

(b) Address California Mo

19. (a) 2-18-44 (b) Edgar A. Kobs (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau
(c) City or town rural (If outside city or town limits, write "RURAL")
(d) Street No. miles S. E. of California (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1944 hour 17 minute 10.9 M.

21. I hereby certify that I attended the deceased from Aug 1942 to Feb 16, 1944; that I last saw her alive on Feb 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Hypertension
Cardio-vascular disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy

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 Edgar A. Kobs (M. D. or other)
Address California Mo Date signed 2/16/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-27-44

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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. *April*Registration District No. *224*Primary Registration District No. *3046*Registrar's No. *158*

1. PLACE OF DEATH:

- (a) County *Monteau*
 (b) City or town *Mural*
 (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

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex

5. Color or
race

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

State

(b) County

(c) City or town

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

year *1944*

hour

minute

M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

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

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(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

(M. D. or other)

Address

Date signed

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

SUPPLEMENTARY

11539