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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22982

Registration District No. 36

Primary Registration District No. 608A

Registrar's No. 28

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

1. PLACE OF DEATH: Stoddard Co Liberty, Mo
 (a) County: Stoddard
 (b) City or town: Bernea Rural
 (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 2
 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Stoddard
 (c) City or town: Melburn Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: W. A. Beard
 3. (b) If veteran, name war: ✓
 3. (c) Social Security No.:

20. DATE OF DEATH: Month July day 2 1940
 year. hour minute M.

4. Sex: Male 5. Color or race: W.
 6. (a) Single, widowed, married, divorced: ✓
 6. (b) Name of husband or wife: Ida Beard
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: 1 29 1874
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 25 1939 to July 2 1940
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 5 3 hr. ✓ min.

Immediate cause of death:
Chronic Malari
Arteriosclerosis
 Due to Ascle
Chronic nephrit
Arteriosclerosis
 Due to _____

Duration
12 Mo
10 Yr
9 Yr
12 Yr
9 Yr

9. Birthplace: Ill. (City, town, or county) (State or foreign country)
 10. Usual occupation: Farming

Other conditions: (Include pregnancy within 3 months of death)
171

11. Industry or business:
 12. Name: William A. Beard
 13. Birthplace: Ill. (City, town, or county) (State or foreign country)
 14. Maiden name: unknown
 15. Birthplace: unknown (City, town, or county) (State or foreign country)

Major findings: Of operations:
 Of autopsy:
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Ida Beard
 (b) Address: Melburn Mo
Bernea
 17. (a) (Burial, cremation, or removal) (b) Date thereof: 7/3/40
 (Month) (Day) (Year)
 (c) Place: burial or cremation: Bernea

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?

18. (a) Signature of funeral director: Carroll Campbell
 (b) Address: 593
 19. (a) 7-5-1940 (Date received local registrar) (b) Laura Hopkins (Registrar's signature)

23. Signature: F. E. Thoe (M. D. or other)
 Address: Bernea Mo Date signed: 7/3/40

RECEIVED

District Health Officer **No. 2**

District File Number 940-122

Date Filed 7/10/40

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.