

FILED JUN 15 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5026

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Rural Clark  
(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

8. (a) PRINT FULL NAME Bruce Richard Beard

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

4. Sex Male 5. Color or race Wh 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 Dec 12, 1923  
(Month) (Day) (Year)

8. AGE: Years 20 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Truck Driver

11. Industry or business Convoy of Trucks (gov't)

MOTHER, FATHER { 12. Name Donald N Beard  
13. Birthplace Kansas City, Mo., O  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Harden,  
15. Birthplace Kansas City, Mo., O  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Beard,  
(b) Address Omaha, Nebraska

17. (a) Removal (b) Date thereof 3/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Omaha, Nebraska

18. (a) Signature of funeral director Heafey & Heafey,  
(b) Address 3522 Farnam Street, Omaha, Nebr.

19. (a) May 1st 1944 (b) Dr. H. J. Cummins, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebr (b) County Douglas  
(c) City or town Omaha  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2886 Frederick Street,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 10th  
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 Intercranial Hemorrhage

Due to Losing control of truck  
he was driving

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) Accidental  
(b) Date of occurrence March-10th-1943  
(c) Where did injury occur? Fairfax, Atchison, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Highway 275-6/10 Mi So Fairfax  
While at work? Yes (Specify type of place) (e) Means of injury Truck

23. Signature Dr. H. J. Cummins Coroner (M. D. or other)  
Address Westboro, Missouri Date signed 3-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6 711

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, at Omaha,  
Howard V Richelieu, (1317 Nebraska) Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Howard V. Richelieu

Licensed Embalmer No. Nebr. 1317

P. O. Address Omaha, Nebraska

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.