

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 24 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20543**
Registrar's No. **488**

Registration District No. _____ Primary Registration District No. **2000**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **Burge Hospital**
(d) Length of stay: In hospital or institution **9 days**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Webster**
(c) City or town **marshfield - Rural**
(d) Street No. **R. R. 2**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Fernando Wood Beard**
3. (b) If veteran, name **X**
3. (c) Social Security number **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **9th**
year **1947** hour **11** minute **2-M.**
21. I hereby certify that I attended the deceased from **June 2** 19**47** to **June 9** 19**47**
that I last saw him alive on **June 9** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **MO** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Wainy**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **April 3 1870**

Immediate cause of death **Shock due to hemorrhage** Duration **7 days.**
Due to **Duodenal ulcer** **30 yrs.**

8. AGE: Years Months Days If less than one day
77 2 6 X hr. X min.
9. Birthplace **Covington Ky.**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **17 B**

10. Usual occupation **Farmer**
11. Industry or business
12. Name **Andrew Beard**
13. Birthplace **Unknown Ky.**
14. Maiden name **Mary Hughes**
15. Birthplace **Unknown Ky.**

Of autopsy **Duodenal ulcer with hemorrhage**
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Hector C. Beard**
(b) Address **Pittsburg, Kans.**
17. (a) **Burial** (b) Date thereof **6-12-47**
(c) Place: burial or cremation **Pittsburg**
18. (a) Signature of funeral director **Roy Rainey**
(b) Address **Marshfield Mo.**
19. (a) **6-11-47** (Date received local registrar)
M. E. Handley (Registrar's signature)

While at work? (Specify type of place)
(e) Means of injury
Signature **Don J. Silby** (M. D. or other) **MD**
Address **Springfield, Mo.** Date signed **6-9-47**

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

9
2
6

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.....

Alex James

Licensed Embalmer No.....

3312

P. O. Address.....

Marshfield 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.