JUL 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23539
Do not use this space.

1. PLACE OF DEATH
(a) County Webster — Registration District No. 896
(b) Township or City S. Grant — Primary Registration District No. 6199 — Registered No. 22
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 70 yrs. 8 mos. X ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 630 Will Beard
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE — Years: About 57 — Months: X — Days: X — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farm hand
9. Industry or business in which work was done, as saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): April 7, 1939
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X

17. INFORMANT (ADDRESS): Bert Lurvey, Springfield, Missouri.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Marshfield DATE April 10 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rex Rainey, Marshfield, Missouri.
20. FILED June 25 1939 Elizabeth Hughes, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 7, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basil skull-fracture	
(unavoidable accident)	
(hit by car after dark)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Apr. 7, 1939
Where did injury occur? 6 mi. west of Marshfield Mo. on Highway 66 (Specify city, or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. U. S. Highway No. 66
Manner of injury Skull Fracture
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) K. K. Kelley - Coroner Webster Co.
(Address) Seymour, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X16605

RECEIVED
District Health Officer No. 6,
District File Number 739-1447
Date Filed JUL 11 1939

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 [illegible]

Licensed Embalmer No. 3312

P. O. Address Marshfield, Missouri

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

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