No. 2
11-10-39
5-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21137

Registration District No. 54 Primary Registration District No. 5086 Registrar's No.

1. PLACE OF DEATH:
(a) County Bates Hudson Twp
(b) ~~City or town~~ Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HUDSON. TWP. home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 75 yrs
years, months or days)

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

3. (a) PRINT FULL NAME SARAH. B. BEARCE 620
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex fem
5. Color or race White
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife HENRY- BEARCE
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased apr (Month) 26 (Day) 1864 (Year)
8. AGE: Years 76 Months 1 Days 9 If less than one day hr. min.
9. Birthplace Bonneville (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Keeping
11. Industry or business
MOTHER FATHER
12. Name Daniel Blevins
13. Birthplace (City, town, or county) Ky (State or foreign country)
14. Maiden name Mary Baker
15. Birthplace (City, town, or country) not known (State or foreign country)
16. (a) Informant Henry Blevins
(b) Address Appleton City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) 6-10-40 (Date received local registrar) (b) Mrs. Pauline Bain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1940 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Jan 10th 1940 to June 5th 1940; that I last saw h alive on June 4th 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
(e) While at work? (e) Means of injury

23. Signature L. D. LaRue (M. D. or other) MD
Address Butler, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-40-1005
Date Filed 7-9-40

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 Mr on the 6 day of June 1940, Registered Apprentice No. working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City M

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

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