

MAY 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14196
Registrar's No. 47

Registration District No. 102 Primary Registration District No. 5150

1. PLACE OF DEATH: Callaway
(a) County
(b) City or town: Bachelor
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME: JOE LOUIS BEARD
3. (b) If veteran, name war:
3. (c) Social Security No. None

4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced:
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years (Day) (Year)
7. Birth date of deceased: Jan-6-40 (Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 7 If less than one day hr. min.

9. Birthplace: Bachelor Missouri (City, town, or county) (State or foreign country)

10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name: HOWARD MONROE BEARD
13. Birthplace: Callaway Co Mo
14. Maiden name: ALLIE MAE PATRY
15. Birthplace: Callaway Co Mo

16. (a) Informant: Howard Beard
(b) Address: Bachelor

17. (a) Burial (b) Date thereof: April 15, 1941
(c) Place: burial or cremation: INHETSTONE MO

18. (a) Signature of funeral director: Glen G. Klauer
(b) Address: 700 Court St. Fulton, Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway
(c) City or town: Bachelor
(d) Street No.: Route No 2
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Apr-13 day year: 1941 hour: 11- minute: 0

21. I hereby certify that I attended the deceased from Apr 10 to Apr 13, 1941, that I last saw him alive on Apr-13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Toxemia, Labor pneumonia, Convulsion

Due to: Pneumonia
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations:
Of autopsy:

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?

105
While at work? (Specify type of place) (Specify means of injury)
23. Signature: M. G. Richardson (M. D. or other)
Address: 529 Court St. Fulton, Mo

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

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

Glen Y. Marpin

Licensed Embalmer No.

2725

P. O. Address

Falton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14106

Registration District No. 102

Primary Registration District No. 5100

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Jac Kade T. P.
(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, and days

3. (a) PRINT FULL NAME Jak Louis Beard
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M
5. Color or race negro
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-18-1941 (b) B. Nichols
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13
year _____ hour _____ minute _____ 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 _____ Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature M. A. Richardson (Physician or other) _____

Address Fulton _____ Date signed _____

SUPPLEMENTARY

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

S-14106
