

FILED JAN 23 1942 213
Registration District No. 213

Primary Registration District No. 3014

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

26
5
4

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day. (Specify whether)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Forest Ronald Beard

8. (b) If veteran, name war _____ 8. (c) Social Security No. No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 26 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 8 If less than one day hr. _____ min.

9. Birthplace Lake Ozark (City, town, or county) (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Beard
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

{ 14. Maiden name Helen Henderson
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Arthur Beard
(b) Address Lake Ozark

17. (a) Burial (b) Date thereof 1 5 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Phillip Funeral Home

(b) Address Edson Missouri

19. (a) Jan 4 - 1942 (b) Norma Rietter
(Date received local registrar) (Registrar's signature)
5011

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 66
(c) City or town Lake Ozark (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1942 hour 6 minute 4 A. M.

21. I hereby certify that I attended the deceased from Jan 3 1942 to Jan 11:4 1942; that I last saw him alive on Jan 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Malaria

Due to nutritional disturbance

Due to _____

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

Major findings: Of operations 158
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 0

23. Signature [Signature] (M.D. or other) _____
Address Jefferson City Mo Date signed 1-4-42

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.