

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 24 1942

Registration District No.

Primary Registration District No. 4530

Registrar's No. 5

1. PLACE OF DEATH:

(a) County AUDRAIN
(b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
110 E. OLIVE ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 6 MONTHS
years, months or days (Specify whether)

3. (a) PRINT FULL NAME DAVID CHRISTIAN BEAR

3. (b) If veteran, name war ... 3. (c) Social Security No. 66-445

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife MARY BEAR 6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV 10 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days If less than one day
hr. min.

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

10. Usual occupation FARMER - RETIRED 15 YEARS

11. Industry or business

12. Name GEORGE C BEAR

13. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH BOYAT

15. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant LUCY JENETT

(b) Address VANDALIA, MISSOURI

17. (a) Removal Burial (b) Date thereof FEB 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TUSCUMBIA Mo

18. (a) Signature of funeral director W.S. Waters

(b) Address Vandalia, Missouri

19. (a) Feb 10 1942 (b) Mallie Inguar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER
(c) City or town TUSCUMBIA
(If outside city or town limits, write "RURAL")
(d) Street No. NONE (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day July
year 1942 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 1941 to July 10 1942
that I last saw him alive on July 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis.

Due to

Due to

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

Major findings: Of operations 93d

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? (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 H.K. Blawie (M.D. or other)
Address Vandalia Date signed 7/10/42

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

4
2
1

RECEIVED

District Health Officer No. 10

District File Number 2-42-382

Date Filed FEB 20 1942

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.....

Wm B. Waters

Licensed Embalmer No. 4169

P. O. Address.....

Chualar, 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.