DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1942

Registration District No. 2[illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6367

State File No.

Primary Registration District No. 3014

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City
(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 22 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Miller

(c) City or town: Lake Ozark
(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: Gertrude Beard

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Arthur Beard

6. (c) Age of husband or wife if alive: 23 years

7. Birth date of deceased: January (Month) 1 (Day) 1918 (Year)

8. AGE: Years 24 | Months | Days 9 | If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Oscar Hendricks
13. Birthplace: (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Lucinda Beard
15. Birthplace: (City, town, or county) Missouri (State or foreign country)

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Tuscumbia Cemetery

18. (a) Signature of funeral director: Phillips Funeral Home
(b) Address: Eldon, Missouri

19. (a) Jan 12/42 (Date received local registrar) (b) Norma Fischer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th year 1942 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 2 1941, to Jan 10 1942, that I last saw her alive on Dec 10 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Abscess of Liver

Due to

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)
While at work? (e) Means of injury

23. Signature: L. J. Taylor M.D. (or other)
Address: Jefferson City Mo. Date signed 1-12-42

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis D Phillips, Registered Apprentice No. ..... working under my personal supervision.

Signed Lewis D Phillips

Licensed Embalmer No. 3663

P. O. Address Bellaire

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

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

7: S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6367

Registration District No. 213 Primary Registration District No. 3014 Registrar's No.

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson city (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 years, months or days)

In this community

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

3. (a) PRINT FULL NAME: Gertrude Beard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan (Month) 1 (Day) 1918 (Year)

8. AGE: Years 24 Months — Days 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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Abscess Kidney — Duration 2 months

Abscess of Lungs

Due to Pyelo-nephritis — 2 yrs

Due to M.M.O

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

1330

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)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY