

Registration District No. 213 Primary Registration District No. 3014

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution St. Marys
(d) Length of stay: In hospital or institution 11 days
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(d) Street No. 102-R-E-Elm
(e) Citizen of foreign country? No.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17 year 1942 hour 37 minute 10 M.
21. I hereby certify that I attended the deceased from May 10-1942
that I last saw him alive on May 17 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race Wh
6. (a) Single, widowed, married, divorced, widowed
7. Birth date of deceased March 12-1866

Immediate cause of death Bronchopneumonia
Duration 2 days
Due to Bronchitis

8. AGE: Years 81 Months 2 Days 6

Due to Arteriosclerosis
Other conditions Basal cell carcinoma of face
(Include pregnancy within 3 months of death)

9. Birthplace Milby County Mo.
10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name Riley Beard
13. Birthplace Unknown
14. Maiden name _____
15. Birthplace Unknown

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Wm Beard
(b) Address R.O. 9 Montana
17. (a) Burial (b) Date thereof 5-17-42
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Thomas Hevner
(b) Address 4210
19. (a) 5-19-42 (b) Thorma Richter

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? _____
23. Signature JG Bruce (M. D. or other) MD
Address Jefferson City Mo Day signed 3/10/42

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

654

Bureau

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

J. H. Anderson

Licensed Embalmer No.

3641

P. O. Address

Yuma

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.