

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **11791**

FILED APR 1943  
Registration District No. **369**

Primary Registration District No. **6252**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **WAYNE**  
(b) City or town **LEPPER RURAL**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1 mile S. on J. R. Rd.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **70 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SAMUEL BOSS BEARD**

3. (b) If veteran, name war **V** 3. (c) Social Security No. **✓**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **JOE BEARD** 6. (c) Age of husband or wife if alive **7** years  
7. Birth date of deceased **JAN 7 1972** (Month) (Day) (Year)

8. AGE: Years **70** Months **1** Days **25** If less than one day hr. min.

9. Birthplace **ST. FRANCIS CO. MO.** (City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARM**

12. Name **HENRY B. BEARD**  
13. Birthplace **E. MISSOURI** (City, town, or county) (State or foreign country)  
14. Maiden name **SUSAN FARRIS**  
15. Birthplace **MISSOURI** (City, town, or county) (State or foreign country)

16. (a) Informant **JOE BEARD**  
(b) Address **LEPPER, MISSOURI**  
17. (a) **BURIAL** (b) Date thereof **MAR 2 1943** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place of burial or cremation **OWNWOOD CEM.**

18. (a) Signature of funeral director **Wm. W. Gish**  
(b) Address **Piedmont Mo**  
19. (a) **MARCH 10 1943** (b) **Mrs. Lottie Mammis** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAR** day **1** year **1943** hour **12** minute **12 A.M.**

21. I hereby certify that I attended the deceased from **Jan 10 1943** to **March 1 1943** that I last saw him alive on **Jan 26 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) **131 lb**

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) (c) Means of injury  
23. Signature **Wm. W. Gish** (M. D. or other)  
Address **Piedmont Mo** Date signed **3-5-43**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1103

RECEIVED

District Health Officer No. 4  
District File Number 443-1960  
Date Filed 4-5-43

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Norman W. Gish

Licensed Embalmer No.

3387

P. O. Address

Bedmont 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.