

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

15051
Do not use this space.

APR 30 1943

1. PLACE OF DEATH

(a) County Ozark Registration District No. 264
 (b) Township Lick Creek Primary Registration District No. 5893
 (c) City Hardenville (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Hardenville Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara J. Beard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13th 1863
 7. AGE YEARS 79 MONTHS 3 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis, Co, Ark.

FATHER 13. NAME John Beard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ark.

MOTHER 15. MAIDEN NAME Polly Ann Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ark.

17. INFORMANT (ADDRESS) Bessie Hamblenton Howard Edgemoor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salina DATE March 8th 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McClure Funeral Home Gainesville, Mo.

20. FILED 3-11 1943 Margaret Hutchinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7th 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1942 to March 7th, 1943
 I last saw him alive on Feb. 10, 1943. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Dry Gangrene of the leg.

Date of onset

Unknown to me

Other contributory causes of importance:

Diabetes Mellitus

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____

(Signed) P. E. Bushong, M. D.
 (Address) Gainesville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

104-9-19-35
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RECEIVED

District Health Officer No. 6,

District File Number 443-509

Date Filed 4-29-43

MAY 4 1943

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Wilmington

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.