

V. S. No. 2  
FORM-5-42-  
Rev. 5-17-49  
I X32873

18219

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 23

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

54  
203

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town LEXINGTON MO  
(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)

In this community 56 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE

(c) City or town LEXINGTON  
(If outside city or town limits, write "RURAL")

(d) Street No. 2002 SOUTH 20<sup>th</sup> ST  
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country USA

3. (a) PRINT FULL NAME WILLIAM T. BEARD

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-0669

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 1 year 1943 hour 9 minute 20 P.M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife GEORGIA L. BEARD

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased FEB 8 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15 to April 17 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Degeneration with Coronary Atherosclerosis of Coronary Arteries Duration 3 months

Due to Arteriosclerosis of Coronary Arteries

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace CHERRYVALE KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation MINER

11. Industry or business COAL MINES

12. Name JAMES SAMUEL BEARD

13. Birthplace STATE OF KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name ALICE BLANTON

15. Birthplace STATE OF KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM LEE BEARD

(b) Address KANSAS CITY MO 4639 E 9<sup>th</sup> ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 4 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) Apr - 4 - 43 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

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)

23. Signature John C. Bellman (Physician) (M. D. or other) No

Address Jerusalem Ind Date signed 4-3-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 5-15-43

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 E. S. James

Licensed Embalmer No. 2058

P. O. Address Medina 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.