No. 2
5-42
17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31412

State File No.

FILED OCT 5 - 1943

Registration District No. 62 Primary Registration District No. 5240 Registrar's No. 105

1. PLACE OF DEATH:

(a) County Ceda r
(b) City or town Rural-Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 xxxxx
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether years, months or days)
In this community XXX

2. USUAL RESIDENCE OF DECEASED: 21

(a) State MISSOURI (b) County CEDAR
(c) City or town Rural-Washington Township
(If outside city or town limits, write "RURAL")
(d) Street No. XXX
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Daniel Linard Bearce

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex Male | 5. Color or race white | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 16, (Day) 1868 (Year)

8. AGE: Years 74 | Months 9 | Days 3 | If less than one day XXXXXX min.

9. Birthplace Effingham, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business XX

FATHER
12. Name C. C. Bearce
13. Birthplace Penn. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebbeca E. Melton
15. Birthplace Penn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Martha E Smyth
(b) Address 421 Lafayette St. Topeka, Kas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Near Appleton City, Mo. Bates Co.

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address STOCKTON, MISSOURI

19. (a) 10-1-43 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19 year 43 hour 7,13 0 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to 9, 18, 1943 that I last saw h in alive on 9, 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3da.
Due to: Arterio-sclerotic Hypertension	yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm B Richter (M. D. or other)
Address Stockton, Mo. Date signed 9-20-43

1298 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-43-961
Date Filed 10-4-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

OCT -

State File No.

Registration District No. 62 Primary Registration District No. 5240 Registrar's No. 105

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural Washington Twp
(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 Daniel Linard Bearce
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Mr
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 16 (Day) 1868 (Year)

8. AGE: Years 74 Months 9 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

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

MOTHER
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) 10-1-43 (Date received local registrar) (b) Mrs Ethel E. Mundt (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1943 hour P.M. minute
21. I hereby certify that I attended the deceased from , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury

Signature (M. D. or other)
Address Date signed

31412