

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 85

Registration District No. 20

Primary Registration District No. 5449

1. PLACE OF DEATH
(a) County Gentry
(b) City or town Ford City - Jackson
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all of life years, months or days)

3. (a) PRINT FULL NAME Thomas Bearden
3. (b) If veteran, NO name war
3. (c) Social Security No. NO

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married 2 divorced
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased 9-20-1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 1
If less than one day hr. min.
9. Birthplace Gentry Co. Mo.
10. Usual occupation Retail Merchant
11. Industry or business 1

12. Name Thos. Bearden
13. Birthplace Ireland
14. Maiden name Johanna Bearden
15. Birthplace Ireland

16. (a) Informant Joe Bearden
(b) Address 1000 E. 10th St. Ford City Mo.
17. (a) Bearden (b) Date thereof 9-23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ford City Mo.

18. (a) Signature of funeral director R. E. Tappan
(b) Address 1000 E. 10th St. Ford City Mo.
19. (a) 9-25-1943 (b) Thomas M. Dehler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gentry
(c) City or town Ford City Mo
(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.

20. DATE OF DEATH: Month 9 day 21
year 1943 hour 7 minute 5 P M.
21. I hereby certify that I attended the deceased from Sept 16 to Sept 21
that I last saw him alive on Sept 21 and that death occurred on the date and hour stated above.

Immediate cause of death Failure of Heart
Pulmonary tuberculosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 46 P
Major findings:
Of operations
Of autopsy

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) (e) Means of injury
23. Signature D. E. Blackwell (M. D. or other) M.D.
Address Ford City Mo. Date signed 9/23/43

Duration
Underline the cause to which death should be charged statistically.

PHYSICIAN

1108

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

R. G. Taggart

Licensed Embalmer No.

2563

P. O. Address

King City 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.