

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 7 1944

Registration District No. 369

Primary Registration District No. 6252

Registrar's No. 29

1. PLACE OF DEATH:

(a) County WAYNE
 (b) City or town LEEPER Mill Spring Inp
 (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) 1
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME WILLIAM HENRY BEARD

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 498-10-4179

4. Sex MALE 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VIDLA BEARD 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased APR 30 1908
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 2 13 ✓ hr. ✓ min.

9. Birthplace LEEPER MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation LABOR DRINK PRESS OP.

11. Industry or business ORD. PLANT

12. Name SAMUHL B BEARD

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

14. Maiden name LBE ODELL

15. Birthplace CHARTER CO. MO.
 (City, town, or county) (State or foreign country)

16. (a) Informant JOE ODELL

(b) Address LEEPER, MO.

17. (a) BURIAL (b) Date thereof July 15 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation At home

18. (a) Signature of funeral director W. L. Gish

(b) Address Richmond, Mo.

19. (a) Aug 9 1944 (b) Wm. L. Gish
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County WAYNE
 (c) City or town LEEPER - Mill Spring Inp
 (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 ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
 year 1944 hour 5 minute - AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: While riding in a boat
In Black-River about 1/2 mile of Leeper, Mo. The boat turned over with
him & his friend, and Mr. Beard
drowned. This was all Accidental.

Due to 183-3

Other conditions 36
 (Include pregnancy within 3 months of death)

Major findings: Inquest was held but
no Autopsy made.

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) Accidental.

(b) Date of occurrence July 13, 1944.

(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 W. L. Gish (M. D. or other)

Address Richmond, Mo. Date signed 8-14-1944

RECEIVED

District Health Officer No. 4
District File Number 944-4253
Date Filed, 9-6-44

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

Norman W. Gish
Licensed Embalmer No. 73387

P. O. Address Piedmont, 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.