

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34315

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 281

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
209 East Broadway
(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 his life
years, months or days)

3. (a) PRINT
FULL NAME

Charles Harlan Bard

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Male
5. Color or
race White

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

6. (b) Name of husband or wife
Anna Mertz Bard

6. (c) Age of husband or wife if
alive 75 years

7. Birth date of deceased November
(Month)

28
(Day)

1869
(Year)

8. AGE:

Years

Months

Days

If less than one day

75

10

19

hr. _____ min.

9. Birthplace Sedalia
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation Retail Jeweler (Retired)

11. Industry or business

12. Name William Evans Bard

13. Birthplace Penn.
(City, town, or county)

1
(State or foreign country)

14. Maiden name Sarah Talbot

15. Birthplace Missouri
(City, town, or county)

0
(State or foreign country)

16. (a) Informant Mrs. Chas. Bard

(b) Address 209 East Broadway

17. (a) Burial (b) Date thereof Oct. 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 10-23-45
(Date received local registrar)

(b) C. G. Campbell
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 209 East Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 1945
year 1945 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from
Aug 45 to Oct 18 1945
that I last saw him alive on Oct 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis Chronic

Due to arterio sclerosis

Due to Senile changes

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 W. B. Beckman (M. D. or other) _____
Address Sedalia Mo Date signed 10/19/45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 11

District File Number

Date Filed ~~20-27-45~~ 27-45

OCT 31 1945

DEC 27 1945
JUL 10 1946

DEC 20 1945

DEC 30 1945

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.....

Licensed Embalmer No. 3142

P. O. Address.....

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.