

FILED NOV 16 1945

Primary Registration District No. 5030

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Tarkio rural Tarkio

(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 6 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Tarkio

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES EDWARD BEARD

3. (b) If veteran, name war **

3. (c) Social Security No. 491-10-2945

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced mar /

6. (b) Name of husband or wife Edna Estella Beard

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec 20 1874

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	14	hr. _____ min.

9. Birthplace Amazonia Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business _____

MOTHER FATHER

12. Name George Beard

13. Birthplace Ohio

(City, town, or county) (State or foreign country)

14. Maiden name Mary Braman

15. Birthplace Trenton Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Beard

(b) Address Centralia, Kansas.

17. (a) burial (b) Date thereof 10/8/45

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) 10-6-45 (b) Mrs. H.D. Cunningham

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month OCT day 4

year 1945 hour 7 minute 15 PM.

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 Coronary Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 940

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 Thos F Fay (M.D. or other) 2

Address Wentworth Mo. Date signed 10-4-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1329

(Licensed Embalmer's Statement on Reverse Side)

coroner

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

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..... *John M. Davis*.....
Licensed Embalmer No. 2394
P. O. Address Tarkio, 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.