

FILED FEB 11 1948

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 11

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Carterville
(If outside city or town limits, write "RURAL" and name of township)
 (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 years, months or days)
 In this community 43 years

3. (a) PRINT FULL NAME Wiley Beard
 3. (b) If veteran, name war NO
 3. (c) Social Security No. 7000

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Silver Beard 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased May 9th 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Clarkton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

MOTHER FATHER
 11. Industry or business _____
 12. Name Dick Beard
 13. Birthplace Clarkton, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Silver Beard

(b) Address Box 682 Carterville Mo

17. (a) burial (b) Date thereof 11/29/45
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation South of Cem - Chilly, Mo

18. (a) Signature of funeral director L. E. Gorman
 (b) Address Box 121, Steubenville, Mo

19. (a) 2-5-46 (b) Pessie B. Nelks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pemiscot
 (c) City or town Carterville Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 - 1945
 year _____ hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from Nov 20th, 1945, to _____, 19____;
 that I last saw him alive on May 20 - 45, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____

Due to _____

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

Major findings: _____
 Of operations 162
 Of autopsy _____

Duration _____
 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? _____

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

23. Signature J. B. Luten (M. D. or other) M.D.
 Address Carterville Mo signed 11-29-45

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

1-46-24

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Licensed Embalmer No. *H 255*

P. O. Address *Steele, Mo. Box 1*

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.