

FILED MAR 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. 6233

Registration District No. 164

Primary Registration District No. 3032 5600

Registrar's No. 24

1. PLACE OF DEATH:  
 (a) County Johnson County  
 (b) City or town Rural (Simpson township)  
(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)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 54 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Johnson 51  
 (c) City or town Rural (Simpson township)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route #2  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Frances Beard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Noah Beard 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased April 2 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>9</u>	<u>16</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George L. Hale

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Davis

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Hertie Beard

(b) Address Warrensburg Mo. R. 2.

17. (a) Burial (b) Date thereof Jan. 20, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairoak Cemetery

18. (a) Signature of funeral director W.F. Wilcox

(b) Address 317 North Holdens Street

19. (a) Jan 26. 46 (b) Savannah Crutcher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18  
year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to Jan 18, 1946  
that I last saw him alive on Jan 18, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic myocarditis 290  
 Due to 17 opportunistic cardiac  
vascular disease 370

Other conditions None  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations 93A  
 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) \_\_\_\_\_  
 (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 Ch. J. ... M.D. (M. D. or other) \_\_\_\_\_  
 Address Warrensburg Mo. Date signed Jan 1946

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

5216

**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 *myself*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Samuel McCall*

Licensed Embalmer No. *3557*

P. O. Address *Wareham, Mass*

**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.**