

FILED APR 10 1946

State File No.

Registration District No.

Primary Registration District No. 3000

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Perkswille
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: A.S.O. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME CYNTHIA AIZENIA 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 Garry Masten Beard 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 13 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Miller County Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mart Soria

13. Birthplace Miller County Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Nest

15. Birthplace Miller County Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Garry Beard

(b) Address Ylipana Mo. Rt 1

17. (a) Burial (b) Date thereof 4 1 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boltz Cemetery

18. (a) Signature of funeral director John S. Adams

(b) Address Perkswille, Mo.

19. (a) 4-8-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller Co
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ylipana Mo Rt 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 6 minute 0 a.m.

21. I hereby certify that I attended the deceased from March 25, 1946, to March 30, 1946, that I last saw her alive on March 30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction

Due to Incarcerated umbilical hernia

Due to 1220

Other conditions Toxic Myocarditis
(Include pregnancy with date on the death)

Major findings: Of operations Incarcerated umbilical hernia - extensive
Of autopsy Gangrene of ileum

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 2

23. Signature F.R. Trooper, D.O. (Physician or other)
Address Perkswille, Mo. Date signed 4/9/46

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

1
2
3

H-9-46

MAY 22 1950

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 Loran L. Adams
Licensed Embalmer No. 4207
P. O. Address Theris, 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.