

**FILED JUN 31 1946**

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4069 Flad  
(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 4 days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 13  
 (c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. No. 3  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Bayard L. Searcy  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 23  
 year 1946 hour 8: minute 00 A.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ora Jobe 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased December 5, 1887  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Columbia, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Electrical Inspector  
 11. Industry or business Missouri Inspection Bureau  
 12. Name Lemuel Thomas Searcy  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Lowery  
 15. Birthplace Boone County, Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ora Searcy  
 (b) Address 4069 Flad  
 17. (a) Burial (b) Date thereof May 24, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Columbia, Missouri  
 18. (a) Signature of funeral director Beiderwieden F. H., Inc.  
 (b) Address 1936 St. Louis Avenue  
 19. (a) MAY 24 1946 (Date received local registrar)  
J. F. Grebeck (Registrar's signature)

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)  
 Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other)  
 Address \_\_\_\_\_ Date signed 5/24/46

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

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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 Glen W. Haly

Licensed Embalmer No. 3737

P. O. Address. 1936 St. Louis Ave

**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.**