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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41782

Registration District No. 211 Primary Registration District No. 6052 Registrar's No. 24

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9 mi S.E. of Appleton City
(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 30 yrs

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

3. (a) PRINT FULL NAME Nancy Beard
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex fem
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles M. Beard
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec (Month) 25 (Day) 1878 (Year)

8. AGE: Years 67 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business
MOTHER FATHER
12. Name Joseph M. Cole
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Victoria McCallister
15. Birthplace Va (City, town, or county) (State or foreign country)
16. (a) Informant Charles M. Beard
(b) Address Appleton City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Cem
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) Dec. 20-46 (Date received local registrar) (b) Mrs. Cleo Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1946 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 15 1942 to Dec 18 1946; that I last saw her alive on Dec 16 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart failure	
Chronic myocarditis	
Cirrhosis of liver	
Due to Ascites	
Rheumatic fever	
Due to Tonsilitis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. L. Hansard (M. D. or other) MD
Address Appleton City Mo Date signed 12-20-46

285 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. [illegible]
District File Number [illegible]
Date Filed [illegible]

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~~ on the 18th day of Dec 1946, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Frank Lee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.