S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23346

Registration District No. 32 Primary Registration District No. 4048 Registrar's No. 54

1. PLACE OF DEATH:

(a) County BOLLINGER

(b) City or town MARBLE HILL - Lovance Twp.
(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 14 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BOLLINGER 9

(c) City or town MARBLE HILL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME CHARLES BEAR

3. (b) If veteran, WORLD WAR I. 3. (c) Social Security name war SPANISH AMERICAN

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHARLOTTE BEAR 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased DEC (Month) 4 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	7	11	hr. min.

9. Birthplace PIGGOTT (City, town, or county) ARK. 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name OWEN BEAR
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name LOTTIE SCHUITZ
15. Birthplace PIGGOTT (City, town, or county) ARK. 1 (State or foreign country)

16. (a) Informant Robert Bear
(b) Address Marble Hill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MYERS CEM.

18. (a) Signature of funeral director BAKER FUNERAL HOME
(b) Address LUTESVILLE MO

19. (a) July 21-1947 (Date received local registrar) (b) Willis Van Aurbaugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1947 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from May 10, 1947 to July 15, 1947 that I last saw him alive on July 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myo Carditis	1 year
Due to Dont Know	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93D	
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 0

23. Signature [signature] (M. D. or other)

Address Jackson Mo Date signed 7-18-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 247-990

Date Filed 7-29-47

JUL 31 1947

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.