

FILED MAR 9 1948
Registration District No. 137

Primary Registration District No. 5513

Registrar's No. 53

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: "Rural" Leesville Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1.4 mi S.E. of Clinton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 mo
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Leesville Twp
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Noah P. Beard

3. (b) If veteran, name war: ✓

3. (c) Social Security No. _____

4. Sex: male () 5. Color or race: white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: Sarah Frances

6. (c) Age of husband or wife if alive: 20 years (Month) (Day) (Year)

7. Birth date of deceased: 7 (Month) 20 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>7</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER { 12. Name: Andrew Beard

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

14. Maiden name: Mary Hughes

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

16. (a) Informant: Maie Sars

(b) Address: Clinton Mo. Rt. 2

17. (a) Burial (b) Date thereof: 3-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Fair Oak Cemetery

18. (a) Signature of funeral director: Fred Wilkinson

(b) Address: Clinton Mo.

19. (a) 3-4-48 (b) R R Remy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1st
year 1948 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from on 3/1 1948 to _____ 19 ;
that I last saw him alive on Dead when I arrived
and that death occurred on the date and hour stated above.

Immediate cause of death: from history
evidently
coronary occlusion

Due to: coronary occlusion 15 min

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: MI

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury: _____

23. Signature: Ed. C. Peeler MD (M. D. or other) _____

Address: Clinton Mo Date signed: 3/1/48

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

Revised
District File Number 3-48-205
Date Filed 3-8-48
District File Number 3-48-205
District File Number 3-48-205

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.....

W. R. Reavis jr
working under my personal supervision.

Registered Apprentice No. 517

Signed *Richard Wilkinson*

Licensed Embalmer No. 7478

P. O. Address *Clinton N*

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.