

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13681

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Hospital & Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution thirty four days
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ira Pollock Beary

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ida E. Beary 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 28 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 17 hr. min.

9. Birthplace Putnam Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business self

MOTHER FATHER { 12. Name J.B.S. Beary
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Isabelle Pollock
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Stillman Beary
(b) Address Unionville, Mo.
17. (a) B. (b) Date thereof 4-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. John Cemetery

18. (a) Signature of funeral director Husted & Son
(b) Address Unionville, Mo.
19. (a) 4-28-48 (b) Marshall Durbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 8-22-47
19 to 4-15 1948
that I last saw him alive on 4-15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 3 yrs
Chronic myocarditis

Due to Chronic myocarditis
Due to Paraplegia & gangrene
Other conditions fractured leg
(Include pregnancy within 3 months of death)

Major findings: 93P
Of operations 93P
Of autopsy 93P

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury
23. Signature J. W. M. Donald (M.D. or other)
Address Unionville, Mo. Date signed 4-17-48

RECEIVED
District Health Officer No. 10
District File Number 548272
MAY -5 1948
Date Filed

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.....

F.O. Hursted

Licensed Embalmer No.....

2975

P. O. Address.....

Unionville

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.