

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16212
2162
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 1/2 hours
In this community 1 month, 3 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Thomas Beard

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 20th, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 3 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Paul W. Beard

13. Birthplace Versailles Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Aileen Foster

15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul W. Beard

(b) Address 1624 Hardesty Ave.

17. (a) Burial (b) Date thereof 5-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 5-24-48 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1624 Hardesty
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd.
year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-22, 1948, to 5-23, 1948, that I last saw him alive on 5-23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure, acute Duration 28 or 29 hours

Due to Congenital anomaly of heart birth

Due to _____

Other conditions large Polycystic kidneys
(Include pregnancy within 3 months of death)
Inguinal & umb. hernias

Major findings: Of operations _____

Of autopsy the above 1572

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) (e) Means of injury _____

23. Signature George W. Herriman (M. D. or other) _____

Address 411 Alameda Rd. KC Mo Date signed 5/24/48

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

Walter H. Erwin

Licensed Embalmer No.

4352

P. O. Address

Kansas City, 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.