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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

NOV 12 1943

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton

(c) Name of hospital or institution: General Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours

In this community _____

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Deepwater

(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary S Beard

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased April 15 1853

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>6</u>	<u>11</u>	hr. _____ min.

9. Birthplace Germany

(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER { 12. Name Unknown

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany

(City, town, or county) (State or foreign country)

16. (a) Informant A. P. Beard

(b) Address Deepwater - Mo.

17. (a) Funeral (b) Date thereof 10-28-1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leays Chapel

18. (a) Signature of funeral director Georgia Kitcher

(b) Address Deepwater, Mo

19. (a) October 27, 1943 (Date received local registrar)

Georgia Kitcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26

year 43 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from 10-25

_____ 1943 to 10-26 1943

that I last saw him alive on 10-26 1943

and that death occurred on the date and hour stated above.

Immediate cause of death: 1st & 2nd Degree burns of 3/4 body

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 1815

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident 042

(b) Date of occurrence 10-25-43

(c) Where did injury occur? at home Deepwater Mo

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature A. S. Walker (M. D. or other) M.D.

Address Clinton Mo Date signed 10-26-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

9-08

181

RECEIVED

Health Officer No 71

Dist. No. 10-43-1242

Date Filed 11-16-43

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 *Tom Hunt*

Licensed Embalmer No. 2782

P. O. Address. *Deepwater, 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.