S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. McDonald
9765

State File No.

Registration District No. 137

Primary Registration District No. 4217

Registrar's No. 69

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Urich Mo
(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) 1
(d) Length of stay: In hospital or institution
In this community 13 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Urich Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John allen Beard
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Betty Lee
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 12 (Month) -10 (Day) 1861 (Year)

8. AGE: Years 83 | Months 3 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Casey Co (City, town, or county) Ky (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Fletcher Beard
13. Birthplace Casey Co (City, town, or county) Ky (State or foreign country) 1

MOTHER
14. Maiden name Melissa Ann Blaid
15. Birthplace Casey Co (City, town, or county) Ky (State or foreign country) Blaid

16. (a) Informant Edna Lee Smith
(b) Address Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Harris Cem

18. (a) Signature of funeral director Fred Wilkerson
(b) Address Clinton Mo

19. Mar 29-1945 (Date received local registrar) Myrtle Brownlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1945 hour 11 minute 209 A.M.

21. I hereby certify that I attended the deceased from March 13, 1945 to March 26, 1945 that I last saw h. in alive on March 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	40 min
Due to Arteriosclerosis	3 yrs ?
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations 940
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 —

23. Signature J. G. McDonald (M. D. or other)
Address Urich Mo Date signed 3/28-45

1391

(Licensed Embalmer's Statement on Reverse Side)

a 7 Morris

RECEIVED
District Health Officer No. 7
District File Number 3-43-273
Date Filed 4-9-43

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. Fred W. Wilkinson

Licensed Embalmer No. 2478

P. O. Address. Clinton 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.