WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16605

REC'D AUG 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24992
Do not use this space.

1. PLACE OF DEATH
(a) County Boone 2 Registration District No. 73
(b) Township 1 Primary Registration District No. 3006 Registered No. 157
or
(c) City Columbia (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 600 WILLIAM ARTHUR TARR
(a) Residence, No. 704 WESTWOOD St. Columbia Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CAROLYNN NEUMANN TARR
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-29-1881
7. AGE: YEARS 58 MONTHS 3 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. UNIVERSITY
9. Industry or business in which work was done, as saw mill, bank, etc. PROFFESIOR
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW CAMBRIA Mo

FATHER
13. NAME JOHN W TARR 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamestown N.Y. 1

MOTHER
15. MAIDEN NAME IDA HILL TARR 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MANSFIELD OHIO

17. INFORMANT (ADDRESS) MRS W A TARR COLUMBIA Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE 7-31 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parkins Columbia Mo
20. FILED 7/31/1939 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939, to July 28, 1939
I last saw him alive on July 27, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma seminal vesicles with metastases to bones — Date of onset July 1938
Other contributory causes of importance: 51
Name of operation no Date of
What test confirmed diagnosis? Xrays Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Lindsay Lobwood, M.D.
(Address) Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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 me, ..., Registered Apprentice No. ..... working under my personal supervision.

Signed Tom McHarg Jr.

Licensed Embalmer No. 4067

P. O. Address Columbia, 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, above space should be left blank.