

FILED MAR 7 - 1940

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks  
(Specify whether years, months or days)

In this community Boone County, Mo.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CARL LAMME TORBIT 613

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

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

6. (b) Name of husband or wife William M. Ghee Torbit 6. (c) Age of husband or wife if alive 103 years

7. Birth date of deceased March 10, 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>24</u>	hr. min.

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

10. Usual occupation Highway Engineer

11. Industry or business \_\_\_\_\_

12. Name Columbus Clay Torbit

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

14. Maiden name Allene Lamme

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

16. (a) Informant James C. Torbit  
(b) Address Route 6, Columbia, Mo.

17. (a) Burial (b) Date thereof 2-7-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockport

18. (a) Signature of funeral director Parkera  
(b) Address Columbia, Mo.

19. (a) 2/8/40 (b) Allie Selby  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Route 6, Columbia  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4 - 1940  
year \_\_\_\_\_ hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 18 1939 to Feb 4 1940  
that I last saw him alive on Feb 4 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Ascending Colon

Due to \_\_\_\_\_

Due to Metastases Cancer

Other conditions Obstructive jaundice  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy H<sup>2</sup>

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 E. D. Bostard (M. D. or other) J. M. D.  
Address Columbia Date signed 2/8/40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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

*M. J. Philbrick*

Licensed Embalmer No.

*3893*

P. O. Address

*Calumet 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.**