S. No. 2
-11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5880

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 49

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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 1 (Specify whether years, months or days)
In this community 12 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia (If outside city or town limits write "RURAL")
(d) Street No. 718 Sandy Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME ERNEST LEE SOUTHERLAND JR
3. (b) If veteran, name war None
3. (c) Social Security No. 488-12-3363
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Jan (Month) 3 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
41	1	20	hr. ____ min.

9. Birthplace Howard Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Gas Operator
11. Industry or business
MOTHER FATHER
12. Name James T. Southerland
13. Birthplace Howard Co. (City, town, or county) Mo (State or foreign country)
14. Maiden name Sara Dawson
15. Birthplace Unknown (City, town, or county) US (State or foreign country)
16. (a) Informant Mrs. L. T. Varner
(b) Address Columbia, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Valley Springs
18. (a) Signature of funeral director [illegible]
(b) Address Columbia, Mo
19. (a) 2/26/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23 - 1940 year ____ hour 8 minute 30 a. M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Attempted to build a fire with Coal oil can exploded.
~~Due to~~ Body burnt all over
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) Accident
(b) Date of occurrence Feb. 22, 1940
(c) Where did injury occur? Columbia Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? ____ (e) Means of injury 4
23. Signature M. R. Jackson Coroner (M. D. or other)
Address Columbia, Mo. Date signed

(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 ..... , 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.

Earnest Southerland.

Pasteon back

Poured Coal oil out of a five gallon Can on I suspose ~~a~~ a smoldering coles explosion folowed throwin fire all over the room set fire to everthing in the room and set his clothes a fire burng them off him the little girl a sleep in the bed burnt her head to a crisp. fire Departen put fire out before the house burnt Down

M R, Toolson Coroner

S. No. 2B
M—2-21-40
1 X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 58807

Registration District No. 73 Primary Registration District No. 3006 Registrar's No.

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ernest Lee Southerland
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 M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 41 Months 1 Days 20 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 2 day 23 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h. alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death attempted to build a fire with coal oil can	
Due to exploded body burned all over	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 M. R. Toalson Coroner (M. D. or other)
Address Columbia Mo. Date signed

SUPPLEMENTARY