

FILED MAR 7 - 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 30

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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:
807 Virginia Ave 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 807 Virginia
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME ANNA LOUISE LARRABEE 6/11

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William Belton Larrabee 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) 9 (Day) 28 (Year) 1867

8. AGE: Years 72 Months 4 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Weston, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation at home

11. Industry or business _____

12. Name Henry Bantz 7

13. Birthplace Switzerland (City, town, or county) (State or foreign country) 7

14. Maiden name Elizabeth Bantz

15. Birthplace Switzerland (City, town, or county) (State or foreign country) 7

16. (a) Informant Bess Lee Larrabee

(b) Address 807 Virginia Ave, Columbia, Mo.

17. (a) Removal (b) Date thereof 2-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platt City, Mo.

18. (a) Signature of funeral director Parker

(b) Address Columbia, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8 1940
year _____ hour 9:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 5 to Feb. 8th, 1940, to _____
that I last saw her alive on Feb. 7th, 1940, and that death occurred on the date and hour stated above

Immediate cause of death Cerebral arteriosclerosis, general with senile dementia and exhaustion.
Due to Hypertension
Due to Arteriosclerosis

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James M. Selby (M. D. or other) !

Address Columbia, Mo. Date signed _____

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 *W. W. Whitfield*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Columbus*.....

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.