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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10169

Registration District No. 73 — Primary Registration District No. 3006 — Registrar's No. 71

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: 614 N. 8th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community Life years, months or days)

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. 614 N. 8th
(If rural, give location)

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

3. (a) PRINT FULL NAME Lilla Rich Dysart

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 ✓ — 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June (Month) 7 (Day) 1869 (Year)

8. AGE: Years 70 — Months 9 — Days 24 — If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business "

FATHER
12. Name James W. Alvis
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Vera
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ivan Sapp
(b) Address Columbia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 1 (Day) 40 (Year)
(c) Place: burial or cremation Apple Chapel

18. (a) Signature of funeral director Garner's
(b) Address Columbia, Mo.

19. (a) 4/2/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31 year 40 hour 12 45 minute A. M.

21. I hereby certify that I attended the deceased from 2/5/ 1940, to 3-31- 1940 that I last saw her alive on Mar-31 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Right-Lung, pleura and Midiastinum	✓
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcinoma of Lung - Mediastinum & pleura

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 F C Suggett (M. D. ~~or other~~)
Address Columbia, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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 W. D. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
2-21-40
X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10169

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 71

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

SUPPLEMENTARY

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
In this community years, months or days)

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 Lilla Rich Dysart

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wid

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 70 Months 9 Days 24 If less than one day hrs. 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 3 day 31
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.

Immediate cause of death Carcinoma of Lung Pleura and Mediastinum

Due to Post Mortem Diagnosis - Bronchiogenic Carcinoma with

Due to Metastases to Lymph nodes and Liver.

Other conditions
(Include pregnancy within 3 months of death)
Carcinoma of lung

Major findings:
Of operations
Of autopsy 47

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)
(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 F. C. Suggett (M. D. or other)
Address Columbia Mo Date signed 5/8/40

S-10169 1940