

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.

AUG 10 1940

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

24575

Do not use this space.

1. PLACE OF DEATH

(a) County Boone ² Registration District No. 73
 (b) Township Columbia Primary Registration District No. 30.06
 (c) City Columbia (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 154

2. PRINT FULL NAME

(a) Residence, No. 411 N. 3RD St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Kingsbury</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-8-1880</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>2</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>book</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>May 1940</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard County Missouri</u>		
FATHER	13. NAME <u>Don't Know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Bettie Stapleton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
17. INFORMANT (ADDRESS) <u>Thomas Kingsbury Columbia, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Franklin</u> DATE <u>7-26-1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Street P. Parker Columbia Missouri</u>		
20. FILED <u>7/26/1940</u> <u>Allie Selby</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1940, to July 23, 1940
 I last saw her alive on July 23, 1940. Death is said to have occurred on the date stated above, at 1:30 p. m.
 The principal cause of death and related causes of importance were as follows:
organic heart disease
Coronary sclerosis
6/6/40

Other contributory causes of importance:
toxic failure

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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? _____
 If so, specify _____
 (Signed) O. A. Moore M. D.
 (Address) 301 N. 5th Columbia Mo

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, ~~on~~ by

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

Signed *Stuart P. Parker*

Licensed Embalmer No. *2900*

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.