

OCT 11 1940

STANDARD CERTIFICATE OF DEATH

State File No. 31389

Registration District No. 93

Primary Registration District No. 3006

Registrar's No. 199

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 St. Joseph's Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 (Specify whether  
In this community Eastern 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. Wash St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? ✓ years.

3. (a) PRINT FULL NAME LILLIAN THORNTON S. WETT.

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan. 22 1894  
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business Home

12. Name John Thornton

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

14. Maiden name John

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

16. (a) Informant John Thornton  
(b) Address Columbia Mo

17. (a) Funeral (b) Date thereof 9-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director Chas. J. ...  
(b) Address Columbia Mo

19. (a) 9/10/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7  
year 1940 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from her  
last illness to 9-7-1940,  
that I last saw her alive on 9-6-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis (Pulmonary)

Due to 77

Due to 77

Other conditions (Include pregnancy within 3 months of death) & H. Tinscher

Major findings: Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
74 While at work? (Specify type of place) (e) Means of injury

23. Signature E. H. Tinscher (M. D. or other) MD  
Address 415 N. Williams Date signed 9-8-1940

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

MOTHER FATHER

Duration 2 years

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Columbia Mo

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**