

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34771
Registrar's No. 232

NOV 15 1940

Registration District No. 73 Primary Registration District No. 3006

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

1. PLACE OF DEATH: Boone
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution Noyes Hospital
(d) Length of stay: In hospital or institution 2 mo. 14 da.
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(d) Street No. 108 Westmount
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WILLIAM HIRTH
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 28 1875

8. AGE: Years 65 Months 6 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Terrytown (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation Editor

11. Industry or business _____

12. Name Not Known

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant William Hirth, Jr.

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 10-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Hill Cemetery

18. (a) Signature of funeral director _____ (b) Address Columbia, Mo.

19. (a) 10/26/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 24 year 1940 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 21 1940 to Oct 24 1940 that I last saw him alive on Oct 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic interstitial nephritis

Due to arterial hypertension

Other conditions Arterial hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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? _____) (By means of injury _____)

23. Signature [Signature] (M. D. or other) 40
Address Columbia, Mo. Date signed Oct 25

Duration 4 days
Underline the cause to which death should be charged statistically.

OCT 29 1958

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. 3893

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, fact should be so stated above.