

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 272

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution: Ellis Finchel State Cancer Hosp
(d) Length of stay: In hospital or institution 42 days
In this community 42 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler
(c) City or town Rural
(d) Street No. R # I
(e) If foreign born, how long in U. S. A. — years.

3. (a) PRINT FULL NAME Mrs Alice MAE Sample
3. (b) If veteran, name war -
3. (c) Social Security No. 491-16-1006

4. Sex FEMALE 5. Color or race white
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Mr TOM Sample
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Oct 11 1909

8. AGE: Years 31 Months 2 Days 6
If less than one day — hr. — min.

9. Birthplace Sullivan Ind

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER
12. Name Ramona Mounts
13. Birthplace Sullivan Ind.
14. Maiden name Mary Ann Howard
15. Birthplace Sullivan Ind

16. (a) Informant Paul Burke Reed
(b) Address Above Hospital

17. (a) Removal (b) Date thereof Dec 18-40
(c) Place: burial or cremation Woodlawn Cem. Taylor

18. (a) Signature of funeral director Dr. W. J. Taylor
(b) Address Taylor Bldg. Mo

19. (a) 12/18/40 (b) Allie Selby

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1940 hour 12 minutes 50 P.M.
21. I hereby certify that I attended the deceased from 11-6 1940 to 12-17 1940
that I last saw her alive on 12-17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
(1) Carcinoma Cervix
(2) Pyelonephritis
Due to —
Due to —

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy Above findings

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? —
(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 Theodore Schubert (M. D. or other)
Address Columbia, Mo. Date signed 12/18/40

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

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

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

B. J. Brentlinger

Licensed Embalmer No.

H. 301

P. O. Address

Caplan Bluff,

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.