

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1762

State File No. _____

Registration District No. 73

Primary Registration District No. 5112

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution First 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Mo
In this community Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural, Lusher Township
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME BELL ZORA STRAWN

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

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

6. (b) Name of husband or wife Wm. Strawn 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Feb 3 1889
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Samuel Nichols

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Neager

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Strawn

(b) Address Columbia, Mo

17. (a) Burial (b) Date thereof Feb 1 - '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fun. Home

18. (a) Signature of funeral director W. H. Barker

(b) Address Columbia, Mo

19. (a) 1/31/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 1 minute 05 M.

21. I hereby certify that I attended the deceased from July 20 to July 29, 1941 that I last saw her alive on July 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Bronchial
infection

Due to _____

Due to Gen Arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no
Of autopsy _____

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? no

23. Signature Stephyn D Smith (Specify type of place) 1
While at work? (e) Means of injury
Address Columbia Date signed _____
(M. D. or other)

10
060
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

W. H. Vandevanter

Licensed Embalmer No.

2494

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, fact should be so stated above.