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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10016

State File No. \_\_\_\_\_

APR 4 1941

Registration District No. 23

Primary Registration District No. 3006

Registrar's No. 85

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

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 Boone County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WK (Specify whether \_\_\_\_\_)

In this community all of life (Specify whether \_\_\_\_\_)

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. 118 Webster alley  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARSHALL ROSE, JR

3. (b) If veteran ✓ name war \_\_\_\_\_

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mch day 29th  
year 1941 hour 5:5 minute 2 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to 3-29- 1941  
and that death occurred on the date and hour stated above.

4. Sex M.O 5. Color of race W. 6. (a) Single, widowed, married, divorced S. D

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

7. Birth date of deceased 12-29-40  
(Month) (Day) (Year)

Immediate cause of death Pneumonia + Meningitis  
Bronchial Pneumonia  
measles

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 30

8. AGE: Years \_\_\_\_\_ Months 3 Days 0 If less than one day \_\_\_\_\_ by \_\_\_\_\_ min.

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name Marshall Cross

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

14. Maiden name Cora Bean

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

16. (a) Informant Marshall Cross

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 3-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Fork

18. (a) Signature of funeral director Parkup (M.D.)

(b) Address Columbia, Mo.

19. (a) 3/31/41 (b) Allie Delby  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

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23. Signature J. M. Dix (M. D. or other) M.D.  
Address Columbia, Mo. Date signed 3-31-41

**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. Sandwenter*

Licensed Embalmer No. ....

*2294*

P. O. Address .....

*Clumbria 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.**