

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

Registration District No. 75

Primary Registration District No. 2114

Registrar's No. 6

1. PLACE OF DEATH:
 (a) County BOONE
 (b) City or town PERSCHKE TWP. RURAL
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
NO 1
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Boone
 (c) City or town Columbia Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. PERSCHKE
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HENRY THOMAS LEVEL
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 12th
 year 1941 hour 7 minute 50 A. M.

4. Sex MALE 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Maggie CARLOS LEVEL
 6. (c) Age of husband or wife if alive Deceased
 7. Birth date of deceased July 30 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1941 to June 12, 1941
 that I last saw him alive on June 10 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death acute heart failure - Chronic myocarditis. Chronic nephritis.
 Due to _____
 Due to _____

9. Birthplace Boone Co. Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation FARMER

Other conditions 12/1
(Include pregnancy within 3 months of death)
 Major findings: Of operations not done
 Of autopsy not done.

11. Industry or business "
 12. Name HARDMAN LEVEL
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name MARY ANN MURRY
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

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

16. (a) Informant Glen Level.
 (b) Address _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof June 13-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Locust Grove - Midway

(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? _____ (e) Means of injury _____

18. (a) Signature of funeral director R. C. ...
 (b) Address _____
 19. (a) 6-13-1941 (b) Mrs. H. Gullett
(Date received local registrar) (Registrar's signature)

23. Signature Robert H. Simpson (M. D. or other) _____
 Address Columbia Mo. Date signed 6/13/41

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.....

T. Willett

Licensed Embalmer No.....

3183

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.