

REG. DISTRICT NO. 110 AUG 25 1941 73

Primary Registration District No. 3006

Registrar's No. 192

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

(d) Length of stay: In hospital or institution July 10th  
(Specify whether years, months or days) W 0

3. (a) PRINT FULL NAME Berniece Allen Kever

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence E. Kever

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

7. Birth date of deceased April 25 1918  
(Month) (Day) (Year)

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>23</u> | <u>2</u> | <u>21</u> | hr. min.             |

9. Birthplace Cedar City MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name O. F. ALLEN

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

14. Maiden name Nettie Mockabee

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

16. (a) Informant Mrs. T. R. Nielsen

(b) Address Cedar City Mo

17. (a) Burial (b) Date thereof July 18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director R. P. ...

(b) Address Columbia, Mo.

19. (a) 7/26/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone <sup>010</sup>

(c) City or town Hallsville Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1  
(If rural, give location)

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

If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th  
year 1941 hour 9 minute PM M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Generalized peritonitis and purpura septicemica. Duration \_\_\_\_\_

pregnancy.

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

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

Other conditions 1st Pt  
(Include pregnancy within 3 months of death)

Major findings: Caesarian section - over term pregnancy.

Of operations \_\_\_\_\_

Of autopsy not done.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Robert H. Simpson MD (M. D. or other) MD

Address Columbia, Missouri Date signed 7/17/41

JUN 1 1948

**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. 5183  
working under my personal supervision.

Signed.....

*R. Powell*

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.**