

FILED OCT 21 1941
Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **262**

010
2
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community all time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Highway 40
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME L. NOVA DOZIER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 3 5. Color or race Colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm Dozier 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 12-25-1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic Housekeeping

11. Industry or business Homekeeper

12. Name Wm Pitts
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Thomas
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Brown
(b) Address 601 Highway 40 Columbia Mo

17. (a) 0 (b) Date thereof Sept 27 1941
(Burial, cremation) (City or town) (County) (State) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. W. Freeman
(b) Address 609 Park Ave Columbia Mo

19. (a) 9/27/41 (b) Allie Selby
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 23 1941 to Sep 25 1941

that I last saw her alive on Sep 24 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Brain hemorrhage. Duration _____

Due to Apoplexy.

Due to 830

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

Major findings: _____
Of operations _____

Of autopsy _____

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 J. W. Carrver (M. D. or other) _____
Address Columbia Mo. Date signed _____

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2937

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, above space should be left blank.