

No. 2
-1-4-41
5-17-39
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31017

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 26 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 226

10
24
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Boone

(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: Bryan Convalescent Home #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED: Boone

(a) State Missouri (b) County Boone

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Genevra Rebecca Hall

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug, day 12th
year 1941 hour 8:11 minute _____ M.

21. I hereby certify that I attended the deceased from 1-7
1941, to 8-12-1941

that I last saw her alive on 8-11-1941
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Sept. 27-1856
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration two days

Due to _____

Due to _____

8. AGE: Years 84 Months 10 Days 15 If less than one day _____ hr. _____ min.

Other conditions Cancer of Liver. Small Int.
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy None

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

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

10. Usual occupation at Home

11. Industry or business _____

12. Name James P. Pollard

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

14. Maiden name Sarah Ann Applegate

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

16. (a) Informant Reby. Hale

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 8-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo. Cemetery

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? No (Specify type of place) _____ (e) Means of injury _____

23. Signature W. D. Grant (M. D. or other) MD
Address Columbia, Mo. Date signed 8-13-41

18. (a) Signature of funeral director Parker's Mort. Hse.

(b) Address Columbia, Mo.

19. (a) 8/13/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

17. (Licensed Embalmer's Statement on Reverse Side)

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 *M. S. Phitaidis*.....

Licensed Embalmer No. *3893*.....

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.