

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 316

1. PLACE OF DEATH:

(a) County B. ONE
 (b) City or town COLUMBIA CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ELLIS FISCHER STATE CANCER HOSP
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10-17-41 to 11-17-41
(Specify whether
 In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JACKSON 5/8
 (c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")
 (d) Street No. 137 EAST WALDO
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 17
 year 1941 hour 6:45 minute P. M.
 21. I hereby certify that I attended the deceased from 10-17-41 to
11-17-41, 19 , to , 19 ;
 that I last saw h. alive on 11-17-41
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME WILLIAM VENERABLE
 3. (b) If veteran, name war 3. (c) Social Security No. NONE

4. Sex MALE 2 5. Color or race NEGERO 6. (a) Single, widowed, married, divorced DIVORCED
 6. (b) Name of husband or wife CORA CRAIG 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased 12-25-1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name HENRY VENERABLE
 13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
 14. Maiden name Dont Snow
 15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant HOSPITAL RECORDS
 (b) Address STATE CANCER HOSP. Mo.

17. (a) Burial (b) Date thereof 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland K.C. Mo

18. (a) Signature of funeral director Adkins Pres

(b) Address 2090 E. 12th St. Mo

19. (a) 11/25/41 (b) Alice Selby
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cachexia
dehilitation
 Due to Carcinoma of rectum
dispt
 Due to
 Other conditions
(Include pregnancy within 3 months of death)

Major findings: 558
 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Joe M. Parker (M. D. or other) NO
 Address Ellis Fischer Hosp. Date signed 11/19/41

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

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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..... *Edw Evans*

Licensed Embalmer No. *3836*

P. O. Address.....

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.