

Registration District No. 73

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Bogone
(b) City or town Columbia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
White Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About a year
(Specify whether
In this community lifetime
years, months or days)

8. (a) PRINT FULL NAME Margaret Anne Sheets

3. (b) If veteran, name war. _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W. 9

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

7. Birth date of deceased 5-25-1869
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Louis Gosley
18. Birthplace Boone Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Pigg
15. Birthplace Boone Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Emma Gehlbach
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 7/1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Fork

18. (a) Signature of funeral director Partners

(b) Address Columbia, Mo.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 104 Poplar
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24
year 1941 hour 12-40 minute 01 M.

21. I hereby certify that I attended the deceased from 11-18-41 to 11-24-41
that I last saw her alive on 12-23-41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis & haze Duration 3 days

Due to 43a

Due to Senile Dementia yr. 42

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

Major findings: Of operations None Of autopsy None

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

22. If death was due to external causes, fill in the following: Accident, suicide, or homicide (specify) No

(a) Date of occurrence _____

(c) Where did injury occur? None

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature W. P. Bryant (M. D. or other) M.D.
Address Columbia, Mo. Date signed 11-24-41

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

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 Tom M. Harg

Licensed Embalmer No. 4067

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.