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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5883

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 31

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: Flora BLDG - No. 8th St. (If not in hospital or institution, write street number or location)

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

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Flora Bldg (If rural, give location)

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

If yes name country .....

3. (a) PRINT FULL NAME Henry F Mikel

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M

5. Color or race W

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 Feby 27 (Month) 1873 (Day) (Year)

8. AGE: Years 68 Months 11 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Monticello (City, town, or county) Ky (State or foreign country)

10. Usual occupation Physician

11. Industry or business "

FATHER
12. Name D K
13. Birthplace D K (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Symanthia Evlyn
15. Birthplace D K (City, town, or county) Ky (State or foreign country)

16. (a) Informant Wm Mikel

(b) Address Boonville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem.

18. (a) Signature of funeral director R Ourcett

(b) Address Columbia Mo

19. (a) 2/7/42 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 6th year 1942 hour 1.15 minute A. M.

21. I hereby certify that I attended the deceased from 2-4- 1942, to 2-5- 1942, that I last saw him alive on 2-5- 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	years
Due to —	
Due to —	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

61

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) no

(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 F B Williamson MD (M. D. or other)

Address Columbia, Mo Date signed 2/6/42

74

(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 not embalmed ~~by me, or by~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Lyman G. Sprinkle

Not Embalmed

Licensed Embalmer No. 4013

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.