

1. PLACE OF DEATH:

(a) County BOONE Cedar Falls
(b) City or town COLUMBIA RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community Wife
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Cedar T.S.
(If outside city or town limits, write "RURAL")
(d) Street No. Columbia R 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th
year 1941 hour 1.25 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 1 1941 to Sept 9 1941
that I last saw him alive on Sept 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia Duration 1 year

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) None

Major findings:
Of operations none
Of autopsy none

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

3. (a) PRINT FULL NAME VIRGINIA ELLEN PAULEY

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

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

6. (b) Name of husband or wife J. S. PAULEY 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 27 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name JAMES CRANE

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

14. Maiden name NANCY TAYLOR

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

16. (a) Informant Phylis Pauley

(b) Address Columbia Mo R 4

17. (a) BURIAL (b) Date thereof Sept 11 1941
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation NEW LIBERTY

18. (a) Signature of funeral director P. Overstreet

(b) Address Columbia

19. (a) Feb 6 1942 (b) Francis Nichols
(Date received local registrar) (Registrar's signature)

73

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

MOTHER FATHER

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 *Lyman H. Sprinkle*
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.