

No. 2
1-4-41
-17-39
X26320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5895

State File No.

FILED FEB 27 1942

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 26

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: Noyes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs. (Specify whether years, months or days)
In this community 8 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 107 W. Parkway (If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florence Hanly Sells

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 27 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 2 If less than one day hr. / min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Wm. Hanly
13. Birthplace Mt. Sterling Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Carter
15. Birthplace Mt. Sterling Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Deicke
(b) Address 107 W. Parkway

17. (a) Burial (b) Date thereof 1 31 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Harber's Funeral Home (Specify type of place) While at work? (c) Means of injury
(b) Address Columbia Mo.
19. (a) 1/31/42 (b) Allie Delby (Registrar's signature)
23. Signature Carl Deicke (M. D. or other) Address 410 Union Bldg Date signed 1-31-42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th year 1942 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 12th 1942 to Jan 29th 1942
that I last saw her alive on Jan 29 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 1 day
Due to Chronic Myocarditis 6 mo

Due to 50
Other conditions Carcinoma of Rt Breast 1 mo
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Rt Breast with metastasis Rt axilla
Of operations..... Of autopsy.....

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).....
(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?

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.....
Licensed Embalmer No. 41327
P. O. Address Shushia, Va

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.