

433182

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1942

Registration District No. 32

Primary Registration District No. 3006-5120

Registrar's No. 232

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

10
42
4

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: 1209 Smith 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 91 Years
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. 1209 Smith St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ROBERT RAVENSCRAFT
3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month Oct. day 17
year 1942 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 11
1941 to Oct 17 1942
that I last saw him alive on Oct 17 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gelia Frances 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1-15-1851
(Month) (Day) (Year)

Immediate cause of death Colitis
Permatation - Chronic
+ Senility
Due to _____
Due to _____

8. AGE: Years 91 Months 9 Days 2 If less than one day _____ hr. _____ min.

Other conditions _____
(Includes pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Marquis L. Ravenscraft
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Merideth
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Pleas Ravenscraft
(b) Address 1209 Smith St.

17. (a) Burial (b) Date thereof 10-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Providence

18. (a) Signature of funeral director Parker J. Service
(b) Address Columbia, Missouri

19. (a) Oct 20 - 1942 (b) Eadna H. Barber
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work? _____ Means of injury _____

23. Signature Lloyd Linsford (M. D. or other) _____
Address 506 Cherry St Date signed 10-20-42

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

W H Vandeventer

Licensed Embalmer No.

2494

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.