

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 11 1943

Registration District No. 3

Primary Registration District No. 3006-5420

Registrar's No. 288

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

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: Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 66 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Harrisburg 9
(If outside city or town limits, write "RURAL") 9

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME NANNIE MILDRED HOMBS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 9 - 28 - 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>17</u> hr. min.

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

10. Usual occupation At Home

11. Industry or business.

12. Name John L. Hombs

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Barnett

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W.T. Hombs

(b) Address 4031 Montgall, Kansas City, Mo.

17. (a) Burial (b) Date thereof 12-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 12-16-42 (b) Edna B. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1942 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;

that I last saw him alive on 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death. Stroke (2nd Degree)

Due to Arteriosclerosis (Stroke)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. 180-15

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident 010

(b) Date of occurrence 12/15

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Maui Mason (M.D. or other)

Address Columbia Mo Date signed 12/16

1230

(Licensed Embalmer's Statement on Reverse Side)

-8688-

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

M. W. Whitaker

Licensed Embalmer No. *2893*

P. O. Address *Calupia 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.