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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006-5120

State File No. 40179

Registrar's No. 291

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

10
24

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: University Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Nine hours (Specify whether years, months or days)
In this community: Nine hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia 2
(If outside city or town limits write "RURAL")
(d) Street No.: 502 West Ash 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Limerick, Marilyn Ann
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 14 (Day), 1942 (Year)
8. AGE: Years | Months | Days | If less than one day: 9 hr. 0 min.
9. Birthplace: Columbia, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: Limerick, Thomas Benton
13. Birthplace: Boone Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name: Watson, Velma Demaris
15. Birthplace: Boone Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant: Mrs. Macie Allen
(b) Address: Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 16 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetery
18. (a) Signature of funeral director: R. O. Willett
(b) Address: Columbia Mo
19. (a) 12 17 42 (Date received by local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1942 hour 3 minute 05 A.M.
21. I hereby certify that I attended the deceased from Dec 14, 1942, to Dec 15, 1942, that I last saw her alive on Dec 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Birth injury — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 160C
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: E. L. Barkett (M. D. or other) M.D.
Address: Columbia Date signed 12/16/42

(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 embalmed by me, or by.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.