

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 38

Primary Registration District No. 300-6-5120

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Route 1, Columbia Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Columbia Township, Rural Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 59 Years
years, months or days)

3. (a) PRINT FULL NAME MARY ELLEY ADAIR

3. (b) If veteran, None name war _____ 3. (c) Social Security None No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Joseph S. Adair 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 - 14 - 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 16 If less than one day
hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Bee Davis

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sally Elley 9

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

16. (a) Informant Keith Adair

(b) Address Route 1, Columbia, Missouri

17. (a) Burial (b) Date thereof 2-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millersburg Cemetery

18. (a) Signature of funeral director Parkes F. Service
(b) Address Columbia, Mo.

19. (a) 1-21-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia Rural Route 1 3
(If outside city or town limits, write "RURAL")
(d) Street No. Columbia Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1943 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 10
1938, to Jan. 30, 1943

that I last saw him alive on Jan. 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 yrs

Due to Arteriosclerosis

Due to _____

Other conditions No
(Include pregnancy within 3 months of death)

Major findings: No
Of operations _____

Of autopsy No

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

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence _____

(c) Where did injury occur No (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 _____

23. Signature W. P. Service (M. D. or other)

Address Columbia, Mo. Date signed 2-1-43

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

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. 4132

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.