

No. 2
11-10-39
1-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1520

FILED FEB 13 1943

State File No. _____

Registration District No. 38

Primary Registration District No. 3006-5-20

Registrar's No. 17

1. PLACE OF DEATH

(a) County Boone

(b) City or town Columbia

(c) Name of hospital or institution: University Hospital 0
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs
(Specify whether years, months or days) yr. Univ. Hosp.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")

(d) Street No. Doby Flats - Ash St. Columbia, Mo
(If rural, give location) 0

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Amanda Gaither

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

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

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

7. Birth date of deceased 3 - 1 - 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26 year 1943 hour 9 minute 55 PM/AM

21. I hereby certify that I attended the deceased from 1/26, 1943, to 1/26, 1943; that I last saw her alive on 1/26, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure etc. 2 yr. +

Due to Myocarditis, chronic with myocardial degeneration 2 yr. +

Base to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 62 Months 10 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown 9

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

Major findings: Of operations 938

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Jane Douglass

(b) Address Jefferson City, Mo

17. (a) Burial (b) Date thereof 1-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director B. Stuart Parker

(b) Address Columbia Missouri

19. (a) 1-28-43 (b) Edora H. Barber
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Luella Carman (M. D. or other) 0

Address Univ. Hosp. Columbia, Mo. Date signed 1/26/43

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

420

27

11. 73

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

Stuart P. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia, N.C.

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.