

LED APR 17 1943

Registration District No. 38

Primary Registration District No. 3-0-0-6-5120

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Route 1, Columbia, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10

(a) State Missouri (b) County Boone 1

(c) City or town Columbia Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME FRANCES CARL

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1943 hour 4 minute 0 M.

4. Sex Female / 5. Color or race White

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

6: (b) Name of husband or wife W.F. Carl 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 - 18 - 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 19 1943 to Mar 20 1943 that I last saw her alive on Mar 19 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68 4 2 hr. _____ min.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

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

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

Major findings: _____

Of operations None

Of autopsy None

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Dennis Grace

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Anne Gordon

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant W.F. Carl

(b) Address Route 1, Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Illinois

18. (a) Signature of funeral director E. B. Curran

(b) Address Belleville, Illinois

19. (a) 3-20-43 (Date received local registrar) (b) E. Edna H. Barber (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 H. B. Poyer (M. D. or other) _____

Address Cashland Mo Date signed 3-22-43

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

1000

1250

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

C. J. Harris

Licensed Embalmer No. *3162*

P. O. Address *East St. Louis
Ballville Ill*

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.