

FILED APR 14 1943

Registration District No. 3

Primary Registration District No. 3.0.6-5420

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:
705 Hickman Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 705 Hickman
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME TAYLOR RUSSELL UNDERWOOD

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

4. Sex Male 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 11 - 25 - 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Zackary Taylor Underwood
13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Jane Garrett

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

16. (a) Informant N.R. Garrett

(b) Address 705 Hickman, Columbia, Mo.
17. (a) Burial (b) Date thereof 3-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Garner Lunsford Sermon

(b) Address Columbia, Mo.

19. (a) 3-30-43 (b) E. John H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1943 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar 25, 1943 to Mar 27, 1943
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Drugs (Digitalis)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 33 f

Of autopsy _____

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 [Signature] (M. D. or other) No.
Address Columbia Mo Date signed 3/27/43

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

MOTHER FATHER

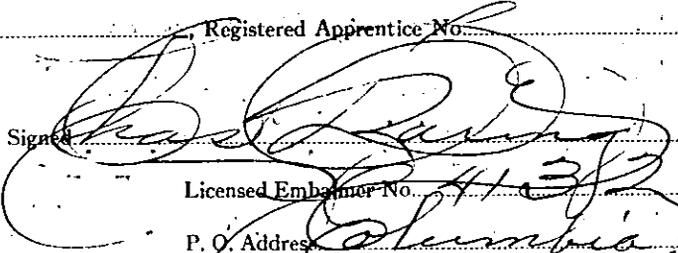
1250

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

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.