

No. 2
-2-43
-17-3
X35297

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27639

State File No. _____

Registrar's No. 195

Registration District No. 38

Primary Registration District No. 3006

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

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:
1511 University Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 88 Years (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. Rural Route 6 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT SARAH FRANCES CARTER BRIGHT
FULL NAME

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

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

6. (b) Name of husband or wife W.A. Bright 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1 - 14 - 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 3 If less than one day hr. _____ min.

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

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business _____
12. Name John W. Carter
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Haden
15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant H.H. Bright
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 8-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 8-19-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1943 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from 8-17-43 to 8-17-43 1943
that I last saw him alive on 8-17-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary block & 2 hrs. But had had several attacks during the last 2 or 3 weeks.

Other conditions: gla
(Include pregnancy within 3 months of death)

Major findings: None Of operations _____
Of autopsy None

Duration _____
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) 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? No

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W.P. Dyer (M. D. or other) MD
Address Columbia, Mo Date signed 8-19-43

SEP 20 1943

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, fact should be so stated above.