

FILED MAR 27 1944

Registration District No. ....

Primary Registration District No. 3006

Registrar's No. 40

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: Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Belle Canida

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

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

6. (b) Name of husband or wife Burl Canida 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 22 1896  
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 20 If less than one day hr. .... min. ....

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

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER  
12. Name ?  
13. Birthplace (City, town, or county) 9 (State or foreign country)

14. Maiden name .....

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

16. (a) Informant Belle Canida (PT)  
(b) Address Montserrat

17. (a) buried (b) Date thereof 2-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Montserrat, Mo

18. (a) Signature of funeral director Shankis  
(b) Address Columbia, Mo

19. (a) 2-22-44 (b) Edna T. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1944 hour 2:00 minute 00 A.M.

21. I hereby certify that I attended the deceased from 2/16/44 19... to 2/21/44 19... that I last saw her alive on 2/20/44 19... and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast metastatic to lung

Due to.....  
Due to..... 50

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

Major findings: Of operations.....  
Of autopsy.....

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).....  
(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 J. Logan Mayfield (M. D. or other) 0  
Address Columbia, Mo Date signed 2/21/44

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

APR 3 1944

RECEIVED

District Health Officer No. 9,

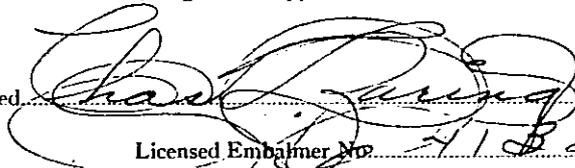
District File Number \_\_\_\_\_

Date Filed 3-23-44

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. 4182

P. O. Address. Columbia, S.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, fact should be so stated above.