

FILED MAY 9 1944

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 11 m 11 d
(Specify whether years, months or days)

In this community 3 yrs 11 m 11 d

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. County Superhighway 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Pallie Carter

3. (b) If veteran, name war DK.

3. (c) Social Security No. DK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1944 hour 2-30 minute P M.

21. I hereby certify that I attended the deceased from 4-1-1944 to 4-14-1944
that I last saw her alive on 4-14-1944
and that death occurred on the date and hour stated above. 4-14-1944 Duration

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased: Mar 11 1873
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to Atherosclerosis

Due to.....

8. AGE: Years 69 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name George Washington

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

14. Maiden name Merran Drake

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

16. (a) Informant Record

(b) Address.....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-44
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director Frank D. Parker

(b) Address Columbia Mo

19. (a) 4-15-44 (Date received local registrar) (b) Joan Morant (Registrar's signature)

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

Major findings: 9321
Of operations.....

Of autopsy.....

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) (a) Means of injury.....

(b) Signature George W. Reers (M. D. or other) MD

Address Fulton Mo Date signed 4/14/44

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

4
1
2

MOTHER FATHER

114

RECEIVED

District Health Officer No. 9

District File Number _____

Date Filed 5-8-44

STATEMENT BY LICENSED EMBALMER

will be

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.

1941 U L A M A

Signed *James D. Parker*

Licensed Embalmer No. 2900

P. O. Address Columbus

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.