

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 13 1944

Registration District No. 172

Primary Registration District No. 3006

Registrar's No. 123

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:
1608 Richardson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 85 Years
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. 1608 Richardson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME ROBERT THOMAS WREN
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 21
 year 1944 hour 4 minute 40 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Ida Jane Wren
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 11 - 2 - 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19
1944 to May 21 1944
 that I last saw him alive on May 21 - 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Decaying
 Duration Two days

8. AGE: Years 85 Months 6 Days 19
 If less than one day _____ hr. _____ min.

Due to Senility
 Due to 83a!
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: None
 Of operations None
 Of autopsy None

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

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name William Wren
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Nichols
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Shannahan
 (b) Address 1608 Richardson, Columbia, Mo.
 17. (a) Burial (b) Date thereof 5-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

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? _____
(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 _____

18. (a) Signature of funeral director Parker Funeral Service
 (b) Address Columbia, Mo.
 19. (a) 5-23-1944 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

23. Signature W. P. Deport (M. D. or other)
 Address Columbia Date signed 5-24-44

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

10
2
4

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-12-44

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 *M. W. Mitchell*.....

Licensed Embalmer No. 3893.....

P. O. Address Columbia.....

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.