

FILED JUL 20 1944

State File No. _____

Registration District No. 32

Primary Registration District No. 3006

Registrar's No. 146

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: Beverly Apts.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME LEE ROY CASE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife DeFaun Case 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 - 28 - 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Hotel Clerk

11. Industry or business _____

MOTHER FATHER

12. Name Nathan Case
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Roy Case
(b) Address Beverly Apts., Columbia, Mo.

17. (a) Removal (b) Date thereof 6-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rensselaer, Indiana.

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

19. (a) 6-13-1944 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1944 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from June 10, 1944 to June 13, 1944
that I last saw him alive on June 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Crown aneurysm - thrombosis
Due to Atherosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: 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)
(e) Means of injury _____

23. Signature E. D. Baskett (M. D. or other) M.O.
Address Columbia, Mo. Date signed 6/13/44

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

6
2
4

FEB 10 1955

FEB 8 1955

APR 2 1945

RECEIVED
District Health Officer No. 9
APR
District File Number.....
Date Filed 7-18-44

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. Whitfield*

Licensed Embalmer No. *3493*

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.