

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22188
Registrar's No. 163

FILED AUG 21 1944
Registration District No. 32

Primary Registration District No. 3.006

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: Noyes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community 67 Years

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. 804 Highland Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ADA GENEVA DAILEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1944 hour 7 minute A M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J.R. Dailey

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased: 3 - 37 - 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/22, 1944 to 7/8, 1944
that I last saw her alive on 7/7/44
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 3 Days 11 If less than one day hr. min.

Immediate cause of death
reticular heart disease
old rheumatic fever

Due to old rheumatic fever

Due to 92d

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

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 92d

11. Industry or business 0

12. Name Squire Sappington

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

14. Maiden name Unknown

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

Major findings:
Of operations 0
Of autopsy 0

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

16. (a) Informant Mrs. Tracy Batterton

(b) Address Wilkes Blvd., Columbia, Mo.

17. (a) Burial (b) Date thereof 7-9-44
(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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

18. (a) Signature of funeral director 0

(b) Address Columbia, Mo

19. (a) 7-9-44 (b) Edna M. Barber
(Date received local registrar) (Registrar's signature)

While at work 0 (Specify type of place) Means of injury 0

23. Signature 0 (M. D. or other) 0
Address Columbia Date signed 7/7/44

RECEIVED

District Health Officer N

District File Number

Date Filed 8-18-44

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. N. Whiteides

Licensed Embalmer No.

3893

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.