

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

REC AUG 21 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 163

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: 823 Range Line
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 years, months or days Years
(Specify whether 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. 821 Range Line
(If rural, give location)

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

3. (a) PRINT FULL NAME MIRIAM CATHERINE STONE

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1944 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 6-25-
1944 to 7-5-
1944

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 10 - 18 - 1895
(Month) (Day) (Year)

that I last saw him alive on 7-5-
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer
of the lungs

Due to _____

Due to _____

Other conditions No
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>8</u>	<u>17</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

Major findings: Of operations None

Of autopsy as above

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

MOTHER FATHER

12. Name William O'Hallaram

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

14. Maiden name Corcas Crockett

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

16. (a) Informant Mrs. William O'Hallaram

(b) Address 823 Range Line, Columbia, Mo.

17. (a) Burial (b) Date thereof 7-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Barren Funeral Service
Columbia, Mo.

(b) Address _____

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

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 _____

23. Signature Edna H. Barber (M. D. or other) MD
Address Columbia, Mo. Date signed 7-7-44

RECEIVED

District Health Officer No. 9,

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 4138

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.