

FILED OCT 20 1944

Registration District No. 58

Primary Registration District No. 2006

Registrar's No. 247

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:
412 Stewart Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 30 Years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. 412 Stewart Rd.
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACOB WARSHAW

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

7. Birth date of deceased 12 - 22 - 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 8 hr. _____ min.

9. Birthplace London 4 England
(City, town, or county) (State or foreign country)

10. Usual occupation Professor of Spanish - University of Missouri

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Warshaw
13. Birthplace 4 England
(City, town, or county) (State or foreign country)
Burston

14. Maiden name _____
15. Birthplace Lithuania 4 Europe
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jacob Warshaw
(b) Address 412 Stewart Rd., Columbia, Mo.

17. (a) Burial (b) Date thereof 10-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Barbara Jensen Sewell
(b) Address Columbia, Mo.

19. (a) 11-3-44 (b) Edna J. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1944 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct 6, 1944, to Sept 30, 1944
that I last saw him alive on Sept 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

Due to Hypertension 5/10
Due to _____

Other conditions Carcinoma of Prostate
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Prostate PHYSICIAN _____
Of operations _____
Of autopsy _____
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?

(Specify type of place) _____
While at work? (c) Means of injury _____

23. Signature H. Lee Cleveland (M. D. or other) _____
Address Columbia, Mo. Date signed Oct 6 44

1050

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

4

OCT 8 1947

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-18-47

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 Charles D. King

Licensed Embalmer No. 4132

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.