

S. No. 2  
4-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37160

State File No. ....

FILED NOV 25 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 267

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 7 Days 0  
(Specify whether years, months or days)

In this community 66 Years  
(Specify whether years, months or days)

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. 503 Locust St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1)

3. (a) PRINT FULL NAME ANNA RUTH YOUNG

3. (b) If veteran, name war None

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22  
year 1944 hour 11 minute 20 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive 1878 years

7. Birth date of deceased: 8 - 3 - 1878  
(Month) (Day) (Year)

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

8. AGE: Years 66 Months 2 Days 19  
If less than one day: hr. .... min.

Immediate cause of death: Uremia

Duration: .....

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

10. Usual occupation: Clerk in Department Store

Due to: Chronic interstitial nephritis

Due to: Passive congestion of lungs S.T. and

11. Industry or business .....

12. Name Charles Young

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Martin

15. Birthplace Boone County Missouri 0  
(City, town, or county) (State or foreign country)

Other conditions: Chronic valvular disease of heart  
(Include pregnancy within 3 months of death)

16. (a) Informant Frank Martin

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 10-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

Major findings: 131a

Of operations: .....

Of autopsy: .....

PHYSICIAN: .....

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) 10-24-44 (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) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

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

23. Signature Edna H. Barber (M. D. or other) 10/24/44  
Address Columbia Date signed 10/24/44

1250

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 11-22-44

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. D. Whitfield*

Licensed Embalmer No. 3893

P. O. Address *Calumet*

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.