

FILED JAN 12 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 2006

State File No. \_\_\_\_\_

Registrar's No. 4

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:  
1209 Smith St.  
(If not in hospital or institution, write street number or location) /  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 11 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 1209 Smith St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PEARL MAE RAVENSCRAFT

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert Ravenscraft 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 7 - 9 - 1916  
(Month) (Day) (Year)

8. AGE: Years 28 Months 5 Days 3 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Sedalia Missouri  
(City, town, or county; State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name James Roberts  
13. Birthplace Sturgeon Missouri  
(City, town, or county; State or foreign country)  
14. Maiden name Alice McAllister  
15. Birthplace Missouri  
(City, town, or county; State or foreign country)

16. (a) Informant Robt. Ravenscraft  
(b) Address 1209 Smith St., Columbia, Mo.  
17. (a) Burial (b) Date thereof 12-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Providence Cemetery

18. (a) Signature of funeral director Barber Funeral Service  
(b) Address Columbia, Mo.  
19. (a) 1-8-1944 (b) Edna H. Barber  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12  
year 1944 hour \_\_\_\_\_ minute 20 PM  
21. I hereby certify that I attended the deceased from June 1, 1944 to Dec 12, 1944  
that I last saw her alive on Dec 12, 1944 and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to Endocarditis  
Due to Influenza  
Other conditions (include pregnancy within 3 months of death) 33  
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 Lloyd Simpson (M. D. or other) \_\_\_\_\_  
Address 506 Cherry St. Date signed 12-14-44

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

29  
13-45

JAN 17 1965

145

---

---

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. S. Mitsides  
Licensed Embalmer No. 3893  
P. O. Address Palumbia 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.