

S. No. 2
DOM-2-43
ev. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wilkey 7. Home

State File No. **8970**

FILED MAR 20 1945
Registration District No. **2**

Primary Registration District No. **3006**

Registrar's No. **51**

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

20
2
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: **Wilhite Convalescent Home** *4*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Week**
(Specify whether years, months or days)

In this community **10 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. **Broadway Hotel**
(If rural, give location)

(e) Citizen of foreign country? **No** *0* (Yes or No)

If yes, name country _____

3. (a) PRINT **CHRISTOPHOR C. BLUE**
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** *0* 5. Color or race **White** *0* 6. (a) Single, widowed, married, divorced, **Single** *0*

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

7. Birth date of deceased **11 - 10 - 1875**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **28** year **1945** hour **6 P** minute **15 P** M.

21. I hereby certify that I attended the deceased from **Feb 14** 1945 to **Feb 28** 1945; that I last saw him alive on **27** 1945; and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **3** Days **18** If less than one day _____ hr. _____ min.

Immediate cause of death **Peritonitis of stomach** Duration **6 mo**

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

10. Usual occupation **Retired**

Due to **non** *H6*

Due to _____

Other conditions **non**
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name **William J. Blue**

13. Birthplace **Hancock Co., Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Alwiva Heavenridge**

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

Major findings: Of operations **non**

Of autopsy **non**

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

16. (a) Informant **Dr. A.B. Blue**

(b) Address **Hannibal, Mo.**

17. (a) **Removal** (b) Date thereof **3-2-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Perry, Missouri**

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? _____

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

(b) Address _____

19. (a) **3-1-1945** (b) **Edna H. Barbee**
(Date received from registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury **0**

23. Signature **AW Kampschmidt** (M. D. or other) _____
Address **Columbia, Mo** Date signed **3-2-45**

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-19-45

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

Thas L. Taming

Licensed Embalmer No. 41312

P. O. Address Columbia, Md.

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.