

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

State File No. 8976
Registrar's No. 74

FILED APR 13 1945

Registration District No. 38

Primary Registration District No. 3006

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

10
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:
Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours
(Specify whether years, months or days)

In this community 75 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 11
(If outside city or town limits, write "RURAL")

(d) Street No. Route 6 12
(If rural, give location)

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

3. (a) PRINT FULL NAME DAVID GEORGE CASE

3. (b) If veteran, name war None 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 Zula McNulty Case 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4 - 3 - 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24
year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased After death
_____ 19____ to _____ 19____;
that I last saw h_____ alive on Do not remember
and that death occurred on the date and hour stated above.

Immediate cause of death Probably
Ends conditions few days

Due to _____ 922

Due to _____

Other conditions Had a Myocarditis
(Include pregnancy within 3 months of death)
several months ago.

Major findings:
Of operations None

Of autopsy None

8. AGE: Years Months Days If less than one day
75 11 21 _____ hr. _____ min.

9. Birthplace Arrow Rock Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Case

{ 13. Birthplace New York
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Jane Parker

{ 15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. David Geo. Case

(b) Address Route 6, Columbia, Mo.

17. (a) Burial (b) Date thereof 3-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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

(b) Address Columbia, Mo.

19. (a) 3-24-1945 (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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? No (Specify type of place)
Means of injury _____

23. Signature W. A. Depert M. D. or other
Address Columbia, Mo. Date signed 3-24-45

Duration

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1250

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-12-45

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 M. W. Whitesides

Licensed Embalmer No. 3893

P. O. Address Calumet, Ill.

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.