V. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1945

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. Smith 9013

Registrar's No. 40

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: 1620 E. Broadway
(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)
In this community: 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

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

(d) Street No.: 1620 E. Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME: NANCY JANE SEARCY

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Lemuel Thomas Searcy

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

7. Birth date of deceased: 1 - 17 - 1860 (Month) (Day) (Year)

8. AGE: Years 85 | Months 0 | Days 27 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: At Home

11. Industry or business: ____

FATHER
12. Name: Capt. James H. Lowry
13. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary Maxwell
15. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Miss Laura Searcy
(b) Address: 1620 E. Bdwy. Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetery

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.

19. (a) 2-16-45 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1945 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from Feb 10th, 1945 to Feb 14, 1945 that I last saw he alive on Feb 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia
Influenza

Due to: Chronic Arteriosclerosis

Due to: 33 hr

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: ____
Of autopsy: ____

Duration

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: Stephen D. Smith (M. D. or other)
Address: Columbia Date signed: 2/17/45

B-30

(Licensed Embalmer's Statement on Reverse Side)

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 Thos L. Young

Licensed Embalmer No. 41325

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.