

S. No. 2
M-5-43
7-5-17-39
P 1 X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12804
Registrar's No. 111

FILED MAY 15 1945

Registration District No. 38 Primary Registration District No. 3006

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all life. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Ellen Stull
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23
year 1945 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from
Apr. 22 1945, to Apr 23 1945
that I last saw her alive on Apr. 22 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race wh.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Stull 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased March 7 1868
(Month) (Day) (Year)

Immediate cause of death Hemiplegia
Duration _____

8. AGE: Years Months Days If less than one day
77 1 16 hr. min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Thomas Payne
13. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Stewart
15. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clifton Sapp
(b) Address Columbia Mo.

17. (a) Barrie Chapel (b) Date thereof 4-24-1945
(Place of burial or cremation) (Month) (Day) (Year)
(c) Place: burial or cremation Barrie Chapel

18. (a) Signature of funeral director Walker's Funeral Service
(b) Address Columbia Mo.

19. (a) 4-24-45 (b) E. H. Barber
(Date received by local registrar) (Registrar's signature)

Physician [Signature]
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 F. C. Suggitt (M. D. or other) M.D.
Address Columbia Date signed 4-23-45

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-14-45

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. S. Whitfield

Licensed Embalmer No. 3893

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.