V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 1 1945

State File No. 30101

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 235

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

1. PLACE OF DEATH:
(a) County Boone 10
(b) City or town Columbia 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 307 N. Garth Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 2 days 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")
(d) Street No. 307 N. Garth Ave. 4
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME UN-NAMED

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 8-29-1945 (Month) (Day) (Year)

8. AGE: Years — Months — Days 2 If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gertrude Stapleton
15. Birthplace Columbia (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Virgil Stapleton
(b) Address Columbia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia R.F.D.

18. (a) Signature of funeral director Stuart Parker
(b) Address Columbia Missouri

19. (a) September 12-45 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31 year 1945 hour 5 minute 200 P. M.

21. I hereby certify that I attended the deceased from 8/29, 1945 to 8/31, 1945 that I last saw him alive on 8/31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Undetermined — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 200
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. S. Dargle (M. D. or other) M.D.
Address 300 Park, Columbia Date signed 9/10/45

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(Licensed Embalmer's Statement on Reverse Side)

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~~ not .....

X

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stuart G. Parker

Licensed Embalmer No. 2900

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.