

FILED JAN 12 1946

Registration District No. 38

Primary Registration District No. 5120

Registrar's No. 319

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 79 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone / 0
(c) City or town Columbia Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE ELIZABETH GEORGE

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 Single

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

7. Birth date of deceased 1 - 17 - 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name William Young George

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Parmelia Bradley

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

16. (a) Informant Estill L. George

(b) Address Route 3, Columbia, Mo.

17. (a) Burial (b) Date thereof 12-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

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

19. (a) 12-15-45 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 10/11/45 to 12/9/45
that I last saw h. alive on 12/9/45 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 50
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 M A Briceford (M. D. or other) _____

Address Columbia, Mo Date signed 12/16

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-11-46

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. McPherson

Licensed Embalmer No. 3893

P. O. Address Columbia

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.