S. No. 2
M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2069

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 348

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: 511 N. 3rd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 yrs
years, months or days)

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. 511 N. 3rd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MAUD WILLIAMS

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: 12-19-1885 (Month) (Day) (Year)

8. AGE: Years 60 | Months — | Days 8 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: At home

11. Industry or business .....

MOTHER FATHER
12. Name: Todd Baker
13. Birthplace: Columbia (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Frances Pomroy
15. Birthplace: Columbia (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Omar Williams
(b) Address: Columbia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-31-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

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

19. (a) 1-8-46 (Date received local registrar) (b) Mrs R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1945 hour 900 minute ..... M.

21. I hereby certify that I attended the deceased from 8/24 1943 to 12/26 1945 that I last saw him alive on 12/26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic Regurgitation — Duration

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy: 920

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: J. S. Daugherty (M. D. or other) M. D.
Address: 500 Park Columbia Date signed: 7/31/45

31 (Licensed Embalmer's Statement on Reverse Side)

100071

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

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 2-7-46

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, ~~only~~.....

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

working under my personal supervision.

Signed. Steuart T. 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.