S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

7448

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8516

FILED APR 12 1946

State File No.

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 54

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 6 /
(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: 61 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 6 /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: VANGIE LENA LEVEL
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: Married /
6. (b) Name of husband or wife: Arron Level
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 9 - 24 - 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	5	2	hr. min.

9. Birthplace: Boone County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: George T. Thurston
13. Birthplace: (City, town, or county) Virginia / (State or foreign country)
MOTHER 14. Maiden name: Mary Frances Watson
15. Birthplace: (City, town, or county) Virginia / (State or foreign country)
16. (a) Informant: Ben Toalson
(b) Address: Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation: New Providence
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) Mar 5 1946 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1946 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 1st, 1946, to Feb 26 1946 that I last saw he alive on Feb 21st 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Stomach	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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: Lloyd Simpson (M. D. or other) M.D.
Address: Columbia Mo. Date signed 2-28-46

31 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-11-46

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 W. D. Whitsides
Licensed Embalmer No. 3893
P. O. Address Palmyra 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.