

S. No. 2
M-2-43
7. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 19 1946

STANDARD CERTIFICATE OF DEATH

State File No. 26256

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Thirty-four days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Eldorado Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 204 W. Pine St. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Gray, Lula Jackson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1946 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 1,
1946, to Aug. 4, 1946
that I last saw h. er alive on Aug. 4, 1946
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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 September 17 1879
(Month) (Day) (Year)

Immediate cause of death
Uremia 30 days
Duration

8. AGE: Years Months Days If less than one day
66 10 18 _____ hr. _____ min.

Due to Nephrosclerosis Unknown

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

10. Usual occupation Ex-Resturant cook & housewife

Other conditions Adenocarcinoma of Rectum 2 yrs.
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Jackson, Samuel

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

14. Maiden name Jackson, Catherine

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

Major findings:
Of operations Adenocarcinoma of Rectum

Of autopsy Nephrosclerosis

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lillian Zumbrunnen

(b) Address Rockville, Missouri

17. (a) Removal (b) Date thereof 8 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Springs, Mo.

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) Aug 5, 1946 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

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 0

23. Signature H. M. Wiley (M. D. or _____)
Address Columbia, Missouri Date signed Aug 4, 1946

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

25102

37

(Licensed Embalmer's Statement on Reverse Side)

1946

RECEIVED

District Health Officer No. 8,

District File Number 8-46-152

Date Filed 8-12-46

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 Tom M. Harg

Licensed Embalmer No. 4067

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.