

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:  
 (a) County Boone  
 (b) City or town Columbia, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
University Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Days  
(Specify whether years, months or days)  
 In this community Life

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. R.F.D. # 3  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWIN GRIFFITH LIMERICK  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary Limerick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased October 27, 1875  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 22  
 year 1946 hour 8:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Sept 4 - 46 to Nov 22, 1946  
 that I last saw him alive on Nov 22, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility - Chronic Myocarditis 10 yrs P.O. Hemorrhoidectomy 20 yrs  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 9 months of death) 930

Major findings: Senile Atrophy Hemorrhoids  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

8. AGE: Years 71 Months 0 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
 9. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer  
 11. Industry or business Farm  
 MOTHER FATHER { 12. Name Thomas Limerick  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Edson  
 15. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Marv Limerick  
 (b) Address Columbia, Mo. R.F.D. #3  
 17. (a) Burial (b) Date thereof 11-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Cem.  
 18. (a) Signature of funeral director R. Ornellet  
 (b) Address 407 C.C. AVE. Columbia, Mo.  
 19. (a) 11-23-46 (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 job) (Date)  
 (Specify type of injury) \_\_\_\_\_  
 23. Signature Paul S. Steed M.D.  
 Address Columbia Mo. Date signed 11/27/46

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

34007

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 11-26-46

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, \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signature *Lyman H. Spunkle*  
Licensed Embalmer No. *4013*  
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.