

**FILED JAN 23 1947**

Registration District No. **28**

Primary Registration District No. **3006**

Registrar's No. **3**

**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: State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Two days  
(Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Benton  
 (c) City or town Lincoln, Missouri  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R#1  
(If rural, give location)  
 (e) Citizen of foreign country? No  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** McQueen, Cecile Irene  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex F 5. Color or race W 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 8 9 04  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
42 4 22 hr. min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name A. E. McQueen,  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Nellie Briggs McQueen  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant A. D. McQueen  
 (b) Address Windsor, Missouri

17. (a) Removal (b) Date thereof 1-3-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Canton Mo

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

19. (a) Jan. 3 1947 (b) Mrs R E Palmer  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 2  
 year 1947 hour 7 minute 47 P.M.  
 21. I hereby certify that I attended the deceased from July 31, 1945 to Jan 2, 1947  
 that I last saw her alive on Jan 2, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
 Duration 48 hrs.  
 Due to Unknown cause

Due to \_\_\_\_\_  
 Other conditions 132  
(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?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature H. W. Wiley (M. D. or other) \_\_\_\_\_  
 Address Columbia, Mo. Date signed 1-2-47

**31**

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed

JAN 29 1947

JAN 14 1947

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 L. David L. Long  
Licensed Embalmer No. 4132  
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.