

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 22 1947

Registration District No. 3

Primary Registration District No. 5120

Registrar's No. 19

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: R.F.D. # 2
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 2
(If rural, give location)

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

3. (a) PRINT FULL NAME LARK KEY

3. (b) If veteran, name war 2

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13th
year 1947 hour 10:00 minute _____ P. M.

4. Sex Male 5. Color or race negro

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased (Month) (Day) (Year)
unknown

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
about 70 hr. _____ min.

Immediate cause of death Unknown

Due to Some form of heart disease

Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: Of operations 95C

11. Industry or business Farm

Of autopsy None

Underline the cause to which death should be charged statistically.

12. Name unknown 9

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

14. Maiden name unknown 9

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

16. (a) Informant Elizabeth Key

(b) Address Columbia Mo. R.F.D. # 2

17. (a) Burial (b) Date thereof 1-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stephens Mo.

18. (a) Signature of funeral director Street S. Park

(b) Address Columbia, Missouri

19. (a) Jan 16 1947 (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? No (Specify type of place) (e) Means of injury 2

23. Signature E. J. Ward Coroner (M.D. or other)

Address Columbia Mo. Date signed 1/16/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-20-47

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed Stuart P. 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.