

S. No. 2
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v. 5-17-39
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26742

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 4 1947 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 231

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
102 College Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 29 years (Specify whether years, months or days)

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. 102 College Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNIE CATHERINE COOK

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1947 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 26 ~~1947~~ to Aug 27 1947
that I last saw her alive on Aug 1 1947
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. (c) Age of husband or wife if alive 1863 years

7. Birth date of deceased: 5 - 6 - 1863
(Month) (Day) (Year)

Immediate cause of death.....
Coronary occlusion acute

Due to Arteriosclerosis (2)

Due to Hypertension (3)

Other conditions Impaired kidneys (3)

8. AGE: Years Months Days If less than one day

84	3	21	hr. min.
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9. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings:
Of operations.....
Of autopsy.....
93F

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

11. Industry or business.....

12. Name A. Gansz

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

14. Maiden name Mary Koehler

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

16. (a) Informant John P. Hamel

(b) Address 102 College Ave., Columbia, Mo.

17. (a) Removal (b) Date thereof 8-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata, Missouri

18. (a) Signature of funeral director Parsons Funeral Service
Columbia, Mo.

(b) Address.....

19. (a) 8-29-47 (b) Mrs. R.E. Palmer
(Data 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?
(Specify type of place)

While at work..... Means of injury.....

23. Signature James E. Dyer (M. D. or other) MD
Address Columbia Mo Date signed 8-29-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-3-47

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

Signed Thomas L. Daring
Licensed Embalmer No. 41312
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.