

1/47
17:39

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

FILED NOV 20 1947

Registration District No. **3006**

Primary Registration District No. **3006**

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:
Wilhite Convalescent Home **4**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)
 In this community 77 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone **10**
 (c) City or town Columbia **2**
(If outside city or town limits, write "RURAL") **4**
 (d) Street No. Flora Bldg.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country U

3. (a) PRINT FULL NAME WILLIAM BIRCH HERN
 3. (b) If veteran, name war None 3. (c) Social Security No. None
 4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed **2**
 6. (b) Name of husband or wife Melissa Gentry Hern
 6. (c) Age of husband or wife if alive 11 years
 7. Birth date of deceased 9 - 11 - 1870
(Month) (Day) (Year)

8. AGE:
 Years 77 Months 2 Days 6
 If less than one day hr. min.

9. Birthplace Boone County, Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Levi Hern

13. Birthplace Missouri **0**
(City, town, or county) (State or foreign country)

14. Maiden name Ryan Belcher

15. Birthplace Missouri **0**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Turner

(b) Address 1607 Windsor St., Columbia, Mo.

17. (a) Burial (b) Date thereof 11-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cem

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

(b) Address Columbia, Mo.

19. (a) 11-14-47 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV. day 10
 year 1947 hour 7 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Nov 3, 47
 to 11-10-47 1947
 that I last saw him alive on 19
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure
 Due to
 Due to
 Other conditions Intertracheal fracture, right femur.
(Include pregnancy within 3 months)
 Major findings: 186 A
 Of operations
 Of autopsy

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 Robert D. Simpson, M.D.
 Address Columbia Mo. Date signed 11/13/47

MOTHER FATHER

Date Filed NOV 19 1947

District File Number

District Health Officer No. 9,

RECEIVED

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 38Primary Registration District No. 3006Registrar's No. 291

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... * (Specify whether

In this community.....
years, months or days)3. (a) PRINT FULL NAME William B. Kern

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 4
(Month) (Day) (Year)8. AGE: Years 77 Months _____ Days _____ (If less than one day) hr. _____ min.9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(If outside city or town limits, write "RURAL")(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 1947
year 1947 hour _____ minute _____ M.

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

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

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

Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations..... 186A
1839

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) accident 2(b) Date of occurrence Nov 3, 1947(c) Where did injury occur? Columbia Missouri
(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 fall23. Signature Robert H. Simpson (M.D. or other)Address Columbia Mo Date signed.....

SUPPLEMENTARY

10. 1. 1950