No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

131

State File No.

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 4

WRITE PLAINLY—USING 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: 511 Park Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone 10
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 511 Park ave
(If rural, give location)
(e) Citizen of foreign country? (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine La Force
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. 3
5. Color or race negro
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year) 1888

8. AGE: Years 69 Months Days If less than one day hr. min.

9. Birthplace St Louis Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Geo. Washington
13. Birthplace Do not know (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Flora Hamilton
15. Birthplace Do not know (City, town, or county) (State or foreign country) 9
16. (a) Informant Garland Washington
(b) Address 511 Park Ave. Columbia
17. (a) (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo.
18. (a) Signature of funeral director A. C. Freeman
(b) Address 608 Park Ave. Columbia Mo
19. (a) 1-8-48 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18
year 1948 hour 11 minute 30 AM.
21. I hereby certify that I attended the deceased from 6-14, 1947, to 1-6-, 1948
that I last saw him alive on 12-8-, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary trouble Since Mo.
Due to Arthritis & an awful sore leg. Total yrs.
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings: Of operations None 94A
Of autopsy None

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? No (Specify type of place)
While at work? (e) Means of injury 10
23. Signature W. P. Dysart (M. D. or other) M.D.
Address Columbia Mo Date signed 1-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 1/15/48
Date Filed

MAR 3 1949

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

Signed A. C. Freeman

Licensed Embalmer No. 2837

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.