

No. 2
1-5-43
5-17-39
I X36671

FILED FEB 5 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 33

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:
710 Wilkes Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Sharlie Bell McGee

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband Wallace McGee 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 18 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name G. W. Mordieia

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

14. Maiden name Lizzie Kelsey

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

16. (a) Informant Wallace McGee

(b) Address Columbia Mo 710 Wilkes

17. (a) Burial (b) Date thereof Jan 1 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Can

18. (a) Signature of funeral director R. O. Weatt
(b) Address Columbia Mo

19. (a) 1-30-48 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

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. 710 Wilkes Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28th
year 1948 hour 9:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 2 1947 to Jan 28 1948
that I last saw her alive on Jan 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma right colon. Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy Same as above with secondary peritonitis. 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 Robert D. Sampson (M. D. or other) _____
Address Columbia Mo Date signed 1/29/48

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

Date Filed FEB 3 1948
District

District

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, _____

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

Signed *Lynna Spunkle*

Licensed Embalmer No. *4013*

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.