

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 31 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

7849
State File No. _____
Registrar's No. 84

Registration District No. 38

Primary Registration District No. 5120

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution: Boone County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Months
(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. Route 6 - Boone County Infirmary
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME MARY C. MARCH
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife David March
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 - 11 - 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 9
If less than one day hr. _____ min. _____

9. Birthplace Gasconade County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name John Satterfield
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Boone County Infirmary
(b) Address Route 6, Columbia, Mo.

17. (a) Removal (b) Date thereof 3-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation High Gate Cemetery

18. (a) Signature of funeral director Barrie Funeral Service
(b) Address Columbia, Mo.

19. (a) 3-24-48 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1948 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from March 19
1948 to March 20 1948
that I last saw him alive on March 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage
Due to arterio-sclerosis
Due to _____

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

Major findings: no ops
Of operations _____
Of autopsy no 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?

23. Signature W. K. Ambrose (M. D. or other) _____
Address Columbia, Mo. Date signed 3-22-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer
District File Number
Date Filed
MAR 30 1948

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 Thas L. Zaring
Licensed Embalmer No. 4132
P. O. Address Columbia, Md.

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.