

FILED JUL 31 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22143

Registrar's No. 206

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

(d) Length of stay: In hospital or institution 2 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME BARBARA ANN ABRAMS

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased 1 - 16 - 1916
(Month) (Day) (Year)

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

2 6 4 hr. min.

9. Birthplace Jacksonville Florida
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Verlie Francis Abrams

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

14. Maiden name Helen Brokaw

15. Birthplace Van Buren Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Verlie F. Abrams

(b) Address 1A Rollins Field, Columbia, Mo.

17. (a) Burial (b) Date thereof 7-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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

(b) Address Columbia, Mo.

19. (a) 7-22-48 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

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")

(d) Street No. 1A Rollins Field 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1948 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1 - 48
1948 to July 20 - 1948
that I last saw him alive on July 20 - 1948
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Menigitis 3 wk

Due to Ulcer on Spine 2 mo.

Due to Bifida - Congenital Anomaly 7 1/2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations SIW

Of autopsy

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)

(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)

23. Signature Paul D. Dietrich M.D. or other SIW

Address Prof. H. E. Schaefer Date signed July 27

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUL 30 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed ~~by me or by~~
~~Registered Apprentice No.~~
~~working under my personal supervision.~~

Signed

Das L. Young

Licensed Embalmer No.

4132

P. O. Address

Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.