

FILED DEC 27 1950

BIRTH NO.		REG. DIST. NO. 37		PRIMARY REG. DIST. NO. 3006		Registrar's No. 327	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Columbia Mo		104	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home 1620 Bass				d. STREET ADDRESS (If rural, give location) 1620 Bass Av			
3. NAME OF DECEASED (Type or Print) a. (First) Isabelle b. (Middle) Amy c. (Last) Voorhis			4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1950				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 28 1861		9. AGE (In years, months, days) 89 10 23	IF UNDER 1 YEAR IF UNDER 24 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House		11. BIRTHPLACE (State or foreign country) Sylvan Franklin Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Zimmerman		13b. MOTHER'S MAIDEN NAME Houer		14. NAME OF HUSBAND OR WIFE E W Voorhis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E W Voorhis 1620 Bass			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) Extreme age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4500
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1st 1850 to Dec 21, 1950 that I last saw the deceased alive on Dec 2, 1950 and that death occurred at 3:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS 300 Columbia Mo		23c. DATE SIGNED 12/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE Dec 22 1950		24c. NAME OF CEMETERY OR CREMATORY Newcomer Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG. Dec 21 1950		REGISTRAR'S SIGNATURE Mrs R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Columbia Mo	

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

104

Mo

RECEIVED 12-29-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-29-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed

Guy D. Shelton

Licensed Embalmer No. 4700

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.