

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 12 1939 73
Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 172

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution: Boone Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community 55 years
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. 1817 Wilson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Virgie Verilla Bowser
(b) If veteran, name war ✓
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 24
year 1939 hour 2 minute 10
21. I hereby certify that I attended the deceased from July 20
1939 to 8-24-39 1939
that I last saw her alive on 8-24-39 1939
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband Claud Bowser 6. (c) Age of husband 57 if alive 57 years
7. Birth date of deceased July 7-1884
(Month) (Day) (Year)

Immediate cause of death Carcinoma of cervix Duration 5 wks.
Due to Hip
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Ulcerated perforating Carcinoma of Cervix
Of operations _____
Of autopsy no

8. AGE: Years 55 Months 1 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Boone Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Sanford Vandiver
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name May A. Rouse
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Claud Bowser
(b) Address Columbia, Mo.

17. (a) Columbia, Mo. (b) Date thereof 8-25-39
(Burial, ~~instit.~~) (Month) (Day) (Year)

(c) Place: burial Columbia, Mo.

18. (a) Signature of funeral director W. H. Vandewater
(b) Address Columbia, Mo.

19. (a) 8/25/39 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(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? no (Specify type of place) (e) Means of injury no

23. Signature W. H. Vandewater (M. D. or other) MD
Address Columbia, Mo. Date signed 8/25/39

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.....

W. A. Vandeventer

Licensed Embalmer No.

2494

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, above space should be left blank.