

No. 2
1-4-41
1-17-39
X26320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 9 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13850

State File No. _____
Registrar's No. 98

Registration District No. 73
Primary Registration District No. 3006

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution: Boone Co. Hospital
(d) Length of stay: In hospital or institution 2 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia Rural
(d) Street No. Rural
(e) Citizen of foreign country? 7 miles S. W. Columbia Mo.

3. (a) PRINT FULL NAME Grorer Geveand Via
3. (b) If veteran, name war r
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH Month April day 6th
year 1941 hour 6 minute 0 A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Via 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 1883
(Month) (Day) (Year)

Immediate cause of death Unresolved Lobar Pneumonia - Chronic myocarditis
Due to _____
Due to _____

8. AGE: Years 57 Months 4 Days 0 If less than one day _____ hr. _____ min.
9. Birthplace Boone County Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Farming
11. Industry or business _____
12. Name John Via
13. Birthplace Virginia
14. Maiden name Nettie Elliott
15. Birthplace Boone Co. Mo.

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? 74 (Specify type of place)
(e) Means of injury _____

MOTHER FATHER
16. (a) Informant Minnie Via
(b) Address Columbia Mo.
17. (a) Burial (b) Date thereof 4-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Local Gr. (highway)
18. (a) Signature of funeral director Parker
(b) Address Columbia Mo.
19. (a) 4/9/41 (b) Allie Selby
(Data received local registrar) (Registrar's signature)

23. Signature Robert W. Simpson (M. D. or other) 0
Address Columbia Mo. Date signed 4/9/41

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

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

M. V. Philandis

Licensed Embalmer No.

3893

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.