

Registration District No. 73 Primary Registration District No. 3006 State File No. _____ Registrar's No. 97

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 6
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SALLIE BEDFORD QUISENBERRY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month 4 day 7
year 1941 hour 4:30 minute P M.
21. I hereby certify that I attended the deceased from 1 May
1941, to April 17, 1941
that I last saw her alive on March 25, 1941
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 or wife W. C. Quisenberry 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

Immediate cause of death Carcinoma of Stomach 1940
Duration _____

8. AGE: Years 69 Months 3 Days 1 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations no
Of autopsy no

9. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(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? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. Roby (M. D. or other) _____
Address Columbia Mo Date signed 4/17/41

MOTHER FATHER {
12. Name William A. Bedford
13. Birthplace Boone Co. Missouri (City, town, or county) (State or foreign country)
14. Maiden name Cleanor Bedford
15. Birthplace Bourbon Co. Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant J. E. Bedford
(b) Address Route 6, Columbia, Mo
17. (a) Burial (b) Date thereof 4-9-41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery
18. (a) Signature of funeral director Parker
(b) Address Columbia, Mo.
19. (a) 4/8/41 (b) Allie Selby (Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Tom McHarg

Licensed Embalmer No. 4067

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.