

**FILED** AUG 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24508

State File No. \_\_\_\_\_

Registration District No. 77

Primary Registration District No. 5110A

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Boone Cedar Twp.  
(b) City or town Columbia R<sup>y</sup>  
(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution 1  
(Specify whether \_\_\_\_\_)  
In this community live  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia R<sup>y</sup> Cedar T<sup>s</sup>  
(If outside city or town limits write "RURAL")  
(d) Street No. Cedar Town Ship  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

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3. (a) PRINT FULL NAME Sarah Davis

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 2 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 4 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cedar T<sup>s</sup> Boone Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Baby

12. Name Edie Davis

13. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Pearl Fisher

15. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Edie Davis

(b) Address Columbia R<sup>y</sup>

17. (a) Burial (b) Date thereof July 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Tenn

18. (a) Signature of funeral director R. W. Wickett

(b) Address Columbia Mo

19. (a) Aug 5-41 (b) Frances Thibodeau  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28<sup>th</sup>  
year 1941 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from July 26  
1941, to July 28, 1941.  
that I last saw him alive on July 25, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death whooping cough

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. B. Pinner (M. D. or other) D  
Address Columbia Mo Date signed July 28-41

Duration

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.....

*No Embalming*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *[Signature]*

..... Licensed Embalmer No. ....

..... P. O. Address .....

**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.**