

FILED SEP 26 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 215

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 1

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Boone

(c) City or town Columbia 010  
(If outside city or town limits, write "RURAL")

(d) Street No. 11 W. Pendleton 2  
(If rural, give location) 7

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Mary Liza Clanton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 2 year 1941 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Aug 1 1941 to Aug 2 1941  
that I last saw her alive on Aug 2 1941 and that death occurred on the date and hour stated above.

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased About 1887  
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis  
General Arterio Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>About 54</u>			hr. min.

Major findings: 930

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace Calloway Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Arthur Vaine

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

14. Maiden name Don't Know

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant James Vaine

(b) Address Williamsburg, Mo.

17. (a) Burial (b) Date thereof Aug 5, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yubatan Cem., Calloway Co., Mo.

18. (a) Signature of funeral director A.C. Freeman

(b) Address Columbia, Mo.

19. (a) 8/5/41 (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) \_\_\_\_\_

(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 Stephen D. Smith (M. D. or other) 0

Address Columbia Date signed Aug 3

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

10  
2  
4

**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. 2837  
working under my personal supervision.

Signed A. C. Freeman  
Licensed Embalmer No. 2837  
P. O. Address Columbia Md

**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.**