

**FILLED NOV 17 1941**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5114**

Registrar's No. **11**

**1. PLACE OF DEATH:**

(a) County **Boone**  
(b) City or town **Columbia Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **near Harrisburg, Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **Life Harrisburg, Mo.**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Boone**  
(c) City or town **(Harrisburg) Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Elizabeth Wampler**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widowed**

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

7. Birth date of deceased **5-13-1869**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **3** Days **6** hr. \_\_\_\_\_ min.

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

10. Usual occupation **at home**

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

12. Name **Jacob Via**

13. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sophia Gost**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Gladys Semowich**

(b) Address **St. Charles, Mo.**

17. (a) **Burial** (b) Date thereof **Aug 20 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harrisburg, Mo.**

18. (a) Signature of funeral director **Parker**  
(b) Address **Columbia, Mo.**

19. (a) \_\_\_\_\_ (b) **Mrs H. Gullett**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug.** day **19th**  
year **1941** hour **5** P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **2-17-40**  
19 \_\_\_\_\_ to **8-19-41** 19 **41**  
that I last saw h. **alive** on **8-19-41** 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Pancreas**  
**about - 2 yrs**  
Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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. Gullett** (M. D. or other) \_\_\_\_\_  
Address **Harrisburg, Mo.** Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

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**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. W. McKittrick*

Licensed Embalmer No.....

*3893*

P. O. Address.....

*Champion me*

**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.**