

FILED FEB 27 1942

Registration District No. **77**

Primary Registration District No. **5110A**

Registrar's No. **2**

1. PLACE OF DEATH:  
 (a) County **Boone**  
 (b) City or town **Rural - Cedar Township**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **So. Columbia, Mo. 11 m. on 63 Highway**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 1/2 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Boone**  
 (c) City or town **Columbia**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **905 Curtis**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Carl Moneymaker, Jr.**  
 (b) If veteran, name war **None**  
 (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **1** day **10**  
 year **1942** hour **5:30** minute **10** P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **Married**  
 (b) Name of husband or wife **Edith Walters**  
 (c) Age of husband or wife if alive **Unknown years**  
 7. Birth date of deceased: **Aug 16 1917**  
(Month) (Day) (Year)

Immediate cause of death: **Skull Fracture (Multiple)**  
 Due to: **Automobile Collision**  
 Due to: \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: **170c-8**  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

8. AGE: Years **24** Months **9** Days **24** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Kansas City, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Newspaper Carrier**

11. Industry or business **Columbia Tribune**

12. Name **Carl Moneymaker**

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

14. Maiden name **Edith Walters**

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

16. (a) Informant **Carl Moneymaker**

(b) Address **Columbia, Mo.**

17. (a) **Burial** (b) Date thereof: **Jan 22 '42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbia Cem.**

18. (a) Signature of funeral director **Carshen's**  
 (b) Address **Columbia, Mo.**

19. (a) **2/1/42** (b) **Frances Nichols**  
(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) **accident**  
 (b) Date of occurrence **Jan 10, 1942**  
 (c) Where did injury occur **So. Columbia, Mo.**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**on Highway 63**  
(Specify type of place)  
 While at work? **Yes** (e) Manner of injury **Car accident**  
 23. Signature **Marvin Mason** (M.D. or other) **Carmer**  
 Address **Columbia, Mo.** Date signed **1/12/42**

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

NOV 1 4 1950  
NOV 1 10N

**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 W. W. Vandeventer  
Licensed Embalmer No. 2494  
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.**