

S. No. 2
OM--5-42
v. 5-17-39
I X32873

36659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 9 1942

Registration District No. 38

Primary Registration District No. 3026-5720

Registrar's No. 253

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

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:
602 Worley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Years (Specify whether years, months or days)

In this community 24 Years

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. 602 Worley St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM O. VIA

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1942 hour 5:00 minute A. M.

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

6. (b) Name of husband or wife Bertha May 6. (c) Age of husband or wife if alive 1881 years

7. Birth date of deceased 4 - 24 - 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 6 Days 18 If less than one day hr. min.

Immediate cause of death Myocardial Infarction Duration 6 mo

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

Due to debility (general)
Due to Senile debility

10. Usual occupation Retired Farmer

Other conditions Structure of colon
(Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations 932 PHYSICIAN

12. Name William Via

Of autopsy Hypertrophy of heart structure of liver 14 caly Underline the cause to which death should be charged statistically.

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

14. Maiden name Nannie Watson

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

16. (a) Informant Mrs. William O. Via

(b) Address 602 Worley St., Columbia, Mo.

17. (a) Burial (b) Date thereof 11-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parer Funeral Service
(b) Address Columbia, Mo.

19. (a) 11-12-1942 (b) E. Alma H. Barber
(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 2

23. Signature D. W. Walter (M. D. or other) 2
Address Columbia, Mo. Date signed 11/12/42

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. H. O. David
Licensed Embalmer No. 2494
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.