

FILED SEP 9 1943

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Booneville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Boone County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME FLORENCE UVA PARIE

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

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles A. Park 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Sept 1 1883  
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace De Kalb Co. Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name H. A. Sewelland  
13. Birthplace Ill  
14. Maiden name Mary E. Huddins  
15. Birthplace New York State  
(City, town, or county) (State or foreign country)

16. (a) Informant Calista Mae  
(b) Address Booneville  
17. (a) Booneville (b) Date thereof 8 21 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Central Mt

18. (a) Signature of funeral director W. H. H. H. H.  
(b) Address Booneville Mo  
19. (a) 8-20-1943 (b) Edna H. Barlow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20  
year 43 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Dec 14 1942 to Aug 20 1943  
that I last saw her alive on Aug 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cecum Duration ?

Due to \_\_\_\_\_  
Due to H6  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: See Hx ulcerating carcinoma of cecum with abscess  
Of autopsy Carcinoma cecum with involvement abd wall  
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 Walter A. Robert (M. D. or other) MD  
Address Booneville Mo Date signed 8/21/43

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

024

12-5-43

SEP 18 1947

MAY 22 1945

**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. J. Mahoney*

Licensed Embalmer No.

*4313*

P. O. Address

*Quincy, 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.**