

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. ....

LED NOV 13 1943

Registration District No. 38

Primary Registration District No. 2006-5120

Registrar's No. 257

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: R.H.I. Columbia Sup  
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia HI  
(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 Nancy Alure Peacher

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24-1943  
year 7 hour \_\_\_\_\_ minute P, M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ruben Lorender

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased April 4th 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct-20 1943 to Oct-24 1943  
that I last saw her alive on Oct-22 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 6 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Bronchial Pneumonia  
Left Lower Lobe

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

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

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

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

10. Usual occupation At Home

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Of autopsy none

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

12. Name Ruben Lorender

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

14. Maiden name Mary Mc Cullough

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

16. (a) Informant E.H. Peacher

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 10-26th 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary

(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 \_\_\_\_\_

18. (a) Signature of funeral director Guy T. Halley

(b) Address Fayette, Mo.

19. (a) 10-26-43 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

Signature J.C. Suggitt (M. D. or other) M.D.

Address Columbia, Mo. Date signed 10-26-43

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

No. 2  
5-42  
17-39  
X32873

**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.....

*Guy T. Haeun*

Licensed Embalmer No. *2966*

P. O. Address *Fayette 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.**