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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 10 1943  
 Registration District No. 38

Primary Registration District No. 3006-5420-

Registrar's No. 275

1. PLACE OF DEATH: Boone  
 (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: 3 Indiana Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 In this community 29 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. 3 Indiana Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME ANNIE THOMAS  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 5 year 1943 hour 12 minute a M.  
 21. I hereby certify that I attended the deceased from 10/18 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced divorced  
 6. (b) Name of husband or wife Charlie Cosby 6. (c) Age of husband or wife if alive 43 years  
 7. Birth date of deceased 11-18-1893  
 (Month) (Day) (Year)

Immediate cause of death Acute Degenerative  
arteriosclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Hypertension  
 (Include pregnancy within 3 months of death)

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

Major findings: Of operations none  
 Of autopsy 92a  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name William Thomas  
 13. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Emma Cosby  
 (b) Address Columbia Mo.  
 17. (a) Burial (b) Date thereof 11-7-1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery  
 18. (a) Signature of funeral director Stuart P. Parker  
 (b) Address Columbia Missouri  
 19. (a) 11-17-43 (b) Edna 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 \_\_\_\_\_  
 23. Signature J. S. Dangle (M: D. or other) \_\_\_\_\_  
 Address 500 Park, Columbia Date signed 11/19/43

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

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1250

**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, ~~and~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Stuart D. Parker*.....

Licensed Embalmer No. *2900*

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.**