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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 69

FILED APR 22 1944

Primary Registration District No. 3006

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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:
Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community 11 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. 1411 Hinkson Ave.
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BERTHA MAUDE CHRISTIAN
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 11
year 1944 hour 6:00 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L.E. Christian
6. (c) Age of husband or wife if alive 1879 years
7. Birth date of deceased 2 - 28 - 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 - 1943, to March - 11 - 1944
that I last saw her alive on March - 11 - 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 0 Days 13
If less than one day
hr. min.

Immediate cause of death
Carcinoma of Stomach

9. Birthplace Nebraska City Nebraska
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) H6 f

11. Industry or business _____
12. Name A.B. Beach
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Wilcox
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings:
Of operations ✓
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Martha Christian
(b) Address 1411 Hinkson, Columbia, Mo.
17. (a) Burial (b) Date thereof 3-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Salem
18. (a) Signature of funeral director Parson Funeral Service
(b) Address Columbia, Mo.
19. (a) 3-14-1944 (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.C. Suggs (M. D. or other) M.D.
Address Columbia Date signed 3-13-44

12511 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-20-44

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.....
Licensed Embalmer No. 41312
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.