

FILED APR 22 1944

Registration District No. 0222

Primary Registration District No. 3006

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 4 Days
In this community 72 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. Rural Route 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LILLIAN TORBIT

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife C.L. Torbit
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased 10 - 23 - 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name James Wyatt McGee
13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Demaries Watson
15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.L. Lane
(b) Address Columbia, Mo.
17. (a) Burial (b) Date thereof 3-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rocheport

18. (a) Signature of funeral director Paron James Service
(b) Address Columbia, Mo.
19. (a) 3-19-44 (b) Edna H. Barbee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1944 hour 10:20 minute A.M.

21. I hereby certify that I attended the deceased from March 1944 to March 17, 1944
that I last saw her alive on March 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Due to _____
Due to _____

Other conditions (Includes pregnancy within 3 months of death) 93e2
Major findings: Of operations _____
Of autopsy _____

Duration 1 week
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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature E. D. Beckett (M. D. or other) M.D.
Address Columbia Date signed 3/17/44

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

RECEIVED

District Health Officer No. 9,

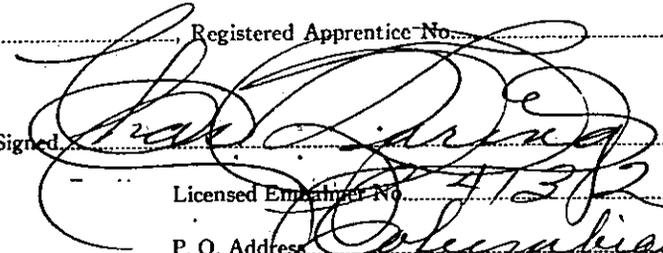
District File Number

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.....

.....
working under my personal supervision.

Registered Apprentice No.
Signed 

Licensed Embalmer No. 4132

P. O. Address Columbia, S.C.

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.