

FILED APR 20 1944

Registration District No. 306

Primary Registration District No. 3006

Registrar's No. 85

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: 704 Park 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 704 Park Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1942
to the present time _____, 19____
that I last saw him alive on Mar 29, 44, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pron. Pneumonia
Duration _____

Due to cold

Due to _____

Other conditions: 107
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy no

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 G. A. Crawford (M. D. or other) _____
Address Columbia, Mo Date signed 3/30/44

3. (a) PRINT FULL NAME Mary Fields Wilson

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

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 10 1878
(Month) (Day) (Year)

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

9. Birthplace Callaway Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business _____

12. Name Ruben Fields

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

14. Maiden name Louisa Karls

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

16. (a) Informant Mattie Hall

(b) Address Bary Indiana

17. (a) 4-3-44 (b) Date thereof Burial
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callaway Co

18. (a) Signature of funeral director A. D. ...

(b) Address 608 Park Ave

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

0
2
4

1250

APR 28 1944

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4-18-44

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 M. E.

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

Signed A. C. Lee

Licensed Embalmer No. 2837

P. O. Address 608 Parkers Column

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, above space should be left blank.