

FILED JUL 20 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 153

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:  
505 East Ash St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community yes  
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. 505 E. Ash St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1944 hour 4 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from June 3, 1944, to July 21, 1944  
that I last saw him alive on July 16, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage - 2 fds  
gaugrene of foot  
Due to Atherosclerosis of a.g.s.

Duration  
2 fds

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME NORA STEWARD

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

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

6. (b) Name of husband or wife Bush Steward 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: (Month) \_\_\_\_\_ (Day) 18 (Year) 64

8. AGE: Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

12. Name unknown

13. Birthplace unknown (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 Stuart P. Parker (b) Address 10 North 4th St.

17. (a) Burial (Burial, cremation or removed) (b) Date thereof 6-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation Cavalry Cemetery, Columbia

18. (a) Signature of funeral director Stuart P. Parker (b) Address 10 North 4th St.  
19. (a) 6-24-1944 (Date received local registrar) (b) Edna H. Barlow (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 W. K. Campbell (M. D. or other) \_\_\_\_\_  
Address Columbia, Mo. Date signed 6-18-44

1250

(Licensed Embalmer's Statement on Reverse Side)

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

24

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number.....

Date Filed 7-18-44

**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, only.....  
.....  
working under my personal supervision.

Registered Apprentice No. ....

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

Licensed Embalmer No. 2900.....

P. O. Address..... Columbia Md......

**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.