

3. No. 2
DM-8-43
ev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. *Ko r. pochmidt*
33634
State File No. _____
Registrar's No. **236**

FILED OCT 20 1944
Registration District No. **38**

Primary Registration District No. **3006**

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:
613 Sexton Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **33 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. **613 Sexton Rd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EARLY FLORENCE BRIGHT**
3. (b) If veteran, **None** name war _____
3. (c) Social Security Number **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **17**
year **1944** hour **8** minute **20** P.M.

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Kyle Bright**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **8 - 18 - 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **August 15**, 19**44**, to **Sept. 17**, 19**44**.
that I last saw her alive on **Sept. 17**, 19**44**, and that death occurred on the date and hour stated above.

8. AGE: Years **64** Months **0** Days **29**
If less than one day _____ hr. _____ min.

Immediate cause of death **Intestinal obstruction**
Due to **Cause not determined**
Duration **7 days**

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

Due to _____
Other conditions (Include pregnancy within 3 months of death) **122 lb**

10. Usual occupation **At Home**

11. Industry or business _____
MOTHER FATHER { 12. Name **Caleb Haggard**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Cynthia Lewis**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

Major findings: **Exploratory under ligand, aneurysm, could not determine**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. George Allison**
(b) Address **Columbia, Mo.**

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? _____

17. (a) **Burial** (b) Date thereof **9-19-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbia Cemetery**
18. (a) Signature of funeral director **Parson Funeral Service**
(b) Address **Columbia, Mo.**
19. (a) **9-19-44** (b) **Edna H. Barber**
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury **0**
23. Signature **AWK Kamepochmidt** (M. D. or other) _____
Address **Columbia, Mo.** Date signed **9-20-44**

1250

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 10-18-44

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

Signed *Chas. [Signature]*
Licensed Embalmer No. 4132
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.