

FILED OCT 20 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 226

1. PLACE OF DEATH: Boone
 (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: Loma Vista Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community about 65 yrs. 4 (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. 510 Walnut St.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ERNEST WINGO
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 1
 year 1944 hour 4 minute 30 A.M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 2 widowed
 6. (b) Name of husband or wife Myrtle Wingo 6. (c) Age of husband or wife if alive about 18 1/2 years
 7. Birth date of deceased: about 1879
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1, 1944 to Sept 1, 1944
 that I last saw him alive on August 28, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cardiovascular syphilis Duration 24 yrs

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

Due to 302
 Due to _____

9. Birthplace Boone Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business Coal mine

12. Name Orange Kings

13. Birthplace Don't know
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Shannon

(b) Address Chicago Illinois

17. (a) Burial (b) Date thereof 9-4-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hinton Mo.

18. (a) Signature of funeral director Street Parker
 (b) Address Columbia Missouri

19. (a) 9-9-1944 (b) Edna H. Barber
 (Date received from registrar) (Registrar's signature)

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy _____

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 AWKaufschmidt (M. D. or other) _____

Address Collierville, TN Date signed 9-6-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Stuart D. Parker

Licensed Embalmer No. 2900

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.