

FILED JUL 3 9 1946

Registration District No. _____

Primary Registration District No. 3006

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Four days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Lincoln
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1946 hour 5 minute 30 AM.
21. I hereby certify that I attended the deceased from June 15, '46
to June 18, '46
that I last saw h or alive on June 18, '46
and that death occurred on the date and hour stated above.
Duration _____
Immediate cause of death _____

3. (a) PRINT FULL NAME Rambow, Stella Marie
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Rambow, Henry 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased October 21 1918
(Month) (Day) (Year)

8. AGE: Years 27 Months 7 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Goshen, John

13. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Goshen, Ida

15. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rambow, Henry

(b) Address Lincoln, Missouri R.F.D. #1

17. (a) Removal (b) Date thereof 6-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waroan, Mo

18. (a) Signature of funeral director Parson Funeral Service
(b) Address Columbia, Mo.

19. (a) 6-18-46 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

Due to Acute Typhloenterocolitis 6m
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 740
Of operations _____
Of autopsy see above
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) (e) Means of injury _____
While at work? _____
23. Signature delegat (M. D. or other) _____
Address 1300 Wilcox Columbia, Mo. Date signed 6/18/46

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

18467

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 1-8-46

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 Thomas L. Turner
Licensed Embalmer No. 4135
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.