

FILED OCT 8 1946

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 231

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: NOYES HOSPL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community LIFE
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. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Juanita Hollis Semmons

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

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

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

7. Birth date of deceased MARCH 12th 1918
(Month) (Day) (Year)

8. AGE: Years 28 Months 6 Days 14 If less than one day _____ hr. 5 min.

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

10. Usual occupation FURN. & HH GDS SALES LADY

11. Industry or business _____

12. Name F. G. HOLLIS

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

14. Maiden name DELLA TOALSON

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

16. (a) Informant JAMES E. SEMMONS

(b) Address COLUMBIA MO

17. (a) BURIAL (b) Date thereof SEPT 27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director [Signature]
(b) Address COLUMBIA MO

19. (a) 9-28-46 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 26th
year 1946 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from August 29th 1946 to Sept 26th 1946
that I last saw her alive on Sept 26th 1946
and that death occurred on the date and hour stated above:

Immediate cause of death: Nephritis without edema
Due to Cause unknown
Other conditions: Pneumonia, acute, terminal
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: [Signature]
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) (c) Means of injury
23. Signature: [Signature] (M. D. or other) M.D.
Address: Columbia, Mo. Date signed: 9-28-46

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

10
2
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28

31

OCT 13 1947
DEC 13 1947
1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.