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

141

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1947

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No.

Registrar's No. 20.

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: 1400 Colorado Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 1 mo. 9 da.

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.: 1400 Colorado Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: LAWRENCE GOLDMAN

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years —; Months 1; Days 9; If less than one day hr. min.

9. Birthplace: Columbia (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: at home

11. Industry or business: —

FATHER
12. Name: James Goldman
13. Birthplace: Boone Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Roma Hardy
15. Birthplace: Boone Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Roma Goldman
(b) Address: Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Stuart P. Packer
(b) Address: Columbia Missouri

19. (a) 1-17-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15th year 1947 hour unknown minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: unknown

~~Due to~~ Believed to be pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 109B

Of autopsy: none

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)

While at work? (e) Means of injury: 5

23. Signature: E J Ward Coroner (M.D. or other)

Address: Columbia Mo. Date signed 1/15/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 1-3-0-47

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~~ not .....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stuart T. 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.