

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 17 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 70

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:  
Granau Convalescent Home 4  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 Days  
 (Specify whether  
 In this community 18 Years  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Boone  
Columbia  
 (c) City or town  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 612 N. 6th St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** ZELLA VIE DALY ;  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month Mar. day 5  
 year 1947 hour 1 minute 45 A.M.  
 21. I hereby certify that I attended the deceased from March 4-7  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw her alive on March 5, 1947,  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Rueben J. Daly  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 8 - 23 - 1900  
 (Month) (Day) (Year)

Immediate cause of death Acute dilatation of heart + ventricles of fibrillation  
 Due to Chronic endocarditis  
 Due to Scarlet fever in infancy

**8. AGE:** Years 46 Months 6 Days 12  
 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions Edema abounding hydrocephalus  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 0/2  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name W.J. Shores  
 13. Birthplace Randolph County Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lula J. Sims  
 15. Birthplace StClair County Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant W.J. Shores

(b) Address 612 N. 6th St., Columbia, Mo.

17. (a) Burial (b) Date thereof 3-6-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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

19. (a) 3-8-47 (b) Mrs R E Palmer  
 (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature Geo A Granau MD (M. D. or other) \_\_\_\_\_  
 Address 1408 University Ave Date signed 3/8/47

Date Filed 3-10-47  
District File Number \_\_\_\_\_  
District Health Officer No. 9,

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**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 Charles H. Tamm  
Licensed Embalmer No. 41321  
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.**