

S. No. 2
M-8-43
r. 5-17-39
X37823

State File No.

FILED FEB 20 1947

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 46

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:
227 Fourth Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 20 Years
years, months or days)

3. (a) PRINT FULL NAME DIANA MARGARET REID

3. (b) If veteran, name war None

3. (c) Social Security No. 490-07-2681

4. Sex Female / 5. Color or race White

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 11 - 20 - 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>2</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Shoe Factory Employee

11. Industry or business _____

MOTHER FATHER { 12. Name H.P. Reid

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

14. Maiden name Gladys Nelson

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

16. (a) Informant Mrs. H.P. Reid

(b) Address 227 Fourth Ave., Columbia, Mo.

17. (a) Burial (b) Date thereof 2-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Carver Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 2-10-47 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

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. 227 Fourth Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1947 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb. 2
1947 to Feb. 6 1947
that I last saw her alive on Feb. 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver, leuk
Duration _____

Due to _____

Due to _____

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

Major findings: as above
Of operations _____
Of autopsy 46 F

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 0

23. Signature Jamison Baker MD
Columbia, Mo. (M.D. or other) _____
Address _____ Date signed Feb 8, 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-18-47

FEB 20 1947

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 Thas L. Zeng
Licensed Embalmer No. 41327
P. O. Address Columbia

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.