

No. 2  
-1/47  
5-17-39

Allee

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16502**

FILED JUN 10 1947  
Registration District No. **1031947**

Primary Registration District No. **3006**

Registrar's No. **165**

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 **Boone County Hospital**  
(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 **55 Years**  
(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. **901 W. Broadway**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **HERBERT BOOKER TARR**

3. (b) If veteran, **None** name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lena Northcutt Tarr**

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

7. Birth date of deceased **2 - 21 - 1885**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>62</b>	<b>3</b>	<b>6</b>	_____ hr. _____ min.

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

10. Usual occupation **Retired Mail Carrier**

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

MOTHER FATHER { 12. Name **James Isaac Tarr**

13. Birthplace **Millersburg Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Betty Young**

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

16. (a) Informant **Mrs. Herbert B. Tarr**

(b) Address **901 W. Broadway, Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **5-29-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

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

(b) Address \_\_\_\_\_

19. (a) **5-3-47** (b) **Mrs. R.E. Palmer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27**  
year **1947** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **MAY 22, 1947**  
\_\_\_\_\_, 19\_\_\_\_, to **MAY 27**, 19**47**  
that I last saw him alive on **MAY 27**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY THROMBOSIS** (IMMEDIATE)

Due to **CORONARY ARTERY DISEASE** **5 YEARS**

Due to **HYPERTENSIVE HEART DISEASE** **"**

Other conditions **CHRONIC GLOMERULONEPHRITIS** **"**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations **NONE**

Of autopsy **NONE**

Underline the cause of 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 \_\_\_\_\_

23. Signature **James H. Allee** (M. D. or other) **MD**  
Address **Columbia Mo** Date signed **5-29-47**

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

JUN 18 1947

JUL 21 1947

Date Filed JUN 9 1947

District File Number

District Health Officer No. 9,

RECEIVED

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. Daring*

Licensed Embalmer No. *4132*

P. O. Address *Columbia, S.C.*

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.