S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1947

Registration District No. 3 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26760

Primary Registration District No. 5/020

Registrar's No. 222

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: Route 2
(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: 50 Years

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.: Route 2
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: HIRAM FRANKLIN TARR

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Annie Northcutt Tarr

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

7. Birth date of deceased: 1 (Month) - 1 (Day) - 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	14	..... hr. ..... min.

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

10. Usual occupation: Farmer

11. Industry or business .....

FATHER
12. Name: Isaac James Tarr
13. Birthplace: Millersburg (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Betty Young
15. Birthplace: Callaway County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Hiram F. Tarr
(b) Address: Route 2, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Millersburg Cemetery

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

19. (a) 8-16-47 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 15
year: 1947 hour: 2 minute: P. M.

21. I hereby certify that I attended the deceased from 8-15-47 to ....., 1947; that I last saw h. alive on Do not remember, 19..... and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary thrombosis

Due to: Probably heart

Due to: Old pneumonia, tuberculosis

Other conditions (Include pregnancy within 3 months of death): ....

Major findings: Of operations: ....

Of autopsy: ....

PHYSICIAN

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): No

(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? No (e) Means of injury: ....

23. Signature: R. L. Wright M.D. or other

Address: Columbia Mo. Date signed: 8-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-27-47

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Tom M Haug

Licensed Embalmer No. 4067

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.