

FILED APR 14 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 96

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: 301 N. 5th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
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. 301 N. 5th St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ALICE CARNAHAN

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day

about 95 - - - hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Lydia Gross

(b) Address Dee Manor Ln

17. (a) Burial (b) Date thereof 3-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation balmy cemetery

18. (a) Signature of funeral director D. Lusk O. P. Miller

(b) Address Columbia Missouri

19. (a) 3-31-48 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1948 hour 9 minute xx P.M.

21. I hereby certify that I attended the deceased from Nov 15,
1947 to March 27, 1948
that I last saw him alive on March 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
infarcts

Due to Coronary disease

Due to _____

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

Major findings: ✓ 131B
Of operations _____

Of autopsy ✓

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. Kaufmann (M. D. or other) _____

Address Columbia Mo Date signed 3-31-48

Duration 3 1/2

PHYSICIAN _____
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 12 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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.