

No. 300
M-10-47
r. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAR 31 1948

STANDARD CERTIFICATE OF DEATH

1810
State File No. _____
Registrar's No. 88

Registration District No. 38

Primary Registration District No. 3006

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: 726 Gentry /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 91 Years (Specify whether 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. 726 Gentry
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY ELIZABETH DEVIER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1948 hour - minute - M.

21. I hereby certify that I attended the deceased from no to 3-22, 1948.
that I last saw her alive on 3-8, 1948
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 Single

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

7. Birth date of deceased 3 - 27 - 1856
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction Duration 3 days

Due to Age

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

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

Major findings: Of operations none

Of autopsy no

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

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Hugh Devier

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

14. Maiden name Alicinda Miller

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

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? No

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature W. P. Bryant (M. D. or other) M.H.
Address Columbia Date signed 3-24-48

16. (a) Informant Mrs. Ethel D. Bennett

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 3-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Grove Cem.

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 3-25-48 (b) Mrs. R. G. Palmer
(Date received local registrar) (Registrar's signature)

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

0
2
4

RECEIVED
District Health Officer No. 9,
Disease File Number
Date Filed MAR 30 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 Chas. L. Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, Md

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.