DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 168

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 13

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: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 134 days (Specify whether
In this community 134 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69
(c) City or town Madison 5
(If outside city or town limits, write "RURAL")
(d) Street No. – 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country –

3. (a) PRINT FULL NAME Beulah M. Taborn

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 3
5. Color or race C
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Archie
✓ unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) 18 (Day) 1883 (Year)

8. AGE: Years 65 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business –

FATHER
12. Name Henry Johnson
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Coates
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Ellis Fischel State Cancer Hospt
17. (a) Madison Mo (Burial, cremation, or removal) (b) Date thereof Jan 14 1949 (Month) (Day) (Year)
(c) Place: burial or cremation Madison Mo
18. (a) Signature of funeral director Fred A. Thompson
(b) Address Madison Mo
19. (a) Jan 14 1949 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12th year 1949 hour 5:00 minute 05 P. M.
21. I hereby certify that I attended the deceased from Jan 1948, 19, to Jan, 1949 that I last saw her alive on 12 Jan, 1949; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized lymphosarcoma 5 yrs.
Due to
Due to
Other conditions none 1/8 1949
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Generalized lymphosarcoma

Duration

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

23. Signature William T. Moss (M. D. or other) M.D.
Address Ellis Fischel State Cancer Hosp Columbia, Missouri Date signed 13 Jan 49.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 21 1949

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 Fred a Thompson

Licensed Embalmer No. 1420

P. O. Address Madison Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.