

WED JUL 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21070  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township New Primary Registration District No. 1002  
(c) City N.C. MO (d) Street No. R.C. Gen. Hosp. Registered No. 2520  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ben. Boal 400  
(a) Residence, No. 1111-675-terrace St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Ladya Boal  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1888  
7. AGE YEARS 56 MONTHS - DAYS 5 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kays  
13. NAME Francis Boal  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
15. MAIDEN NAME Clara Hammer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kays  
17. INFORMANT (ADDRESS) Reginald Clerk  
N.C. Gen. Hosp.  
18. BURIAL, CREMATION, OR REMOVAL Wellsville Mo. 6-22-38  
19. FUNERAL DIRECTOR (ADDRESS) Peter B. Kapelinski  
536 Campbell St.  
20. FILED June 23 1938 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-38 19  
22. I HEREBY CERTIFY, That I attended deceased from 4-27-38 19 to 6-22-38 19.  
I last saw him alive on 6-22-38 19. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Subphonic abscess  
Empyema  
Bilateral bronchopneumonia  
Date of onset 179  
Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) P. J. De Maria M.D.  
Capt. R.C. Gen. Hosp. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 31 1945

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**