

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

33046
Do not use this space.

1. PLACE OF DEATH ^{RECORDED OCT 12 1939}
 (a) County Montgomery Co. Registration District No. 594
 (b) Township Loutre Primary Registration District No. 4-362 5788 15
 (c) City McKittrick, Mo. RFD I (d) Street No. _____ Registered No. 4
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Herbert H. Van Booven,
 (a) Residence, No. McKittrick, Mo. RFD I St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27th 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
XX I 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) McKittrick, Mo. RFD I

FATHER 13. NAME Walter B. Van Booven,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKittrick, Mo. RFD I

MOTHER 15. MAIDEN NAME Elizabeth Bader,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKittrick, Mo. RFD I

17. INFORMANT (ADDRESS) Walter Van Booven, McKittrick, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Starkenburg, Mo. DATE Sept 10th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barton Baker, Americus, Mo.

20. FILED 9-10 1939 Nana Lee Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1939, to Sept 9 1939
 I last saw him alive on Sept 9 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
Mal-nutrition

Date of onset ?
yrs. mos. ds.

Other contributory causes of importance: 157.C

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? no.

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? no.
 If so, specify _____
 (Signed) James O. Nelson M. D.
 (Address) New Florence Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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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, above space should be left blank.