

DEPARTMENT OF HEALTH
BUREAU OF HEALTH INSURANCE
RECEIVED FEB 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2388

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 49

19
3
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene 2

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
712 S. Delaware
(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 Greene (b) County Missouri

(c) City or town Springfield
" (If outside city or town limits, write "RURAL")

(d) Street No. 712 S. Delaware
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert A. Booth 3rd

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1940 hour 3 minute 35 a.m.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased June 29 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1939 to Jan 15, 1940
that I last saw him alive on Jan 15, 1940
and that death occurred on the date and hour stated above.

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

74 6 17 hr. _____ min.

Immediate cause of death
concret of the joints, perils, primary metastasis of pelvic organs

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 51

10. Usual occupation Retired

11. Industry or business Real Estate

12. Name Robert C. Booth

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

14. Maiden name Hannah Isaac

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

16. (a) Informant Ray Booth

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Jan. 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, Mo.

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo. 240

19. (a) 1/17/40 (b) Chas. A. George, Jr.
(Date received legal registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature G. G. Mueser (M, D. or other) _____
Address 540 1/2 E. Commercial Date signed 1/17/40

1948 FEB 13 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, above space should be left blank.

X