DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6784

Registration District No. 378 Primary Registration District No. 4222 Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of hospital or institution: — 2

(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 Missouri (b) County Howard

(c) City or town Fayette Mo (If outside city or town limits write "RURAL")

0

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Jor Boggs 200

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

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ella Boggs 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug (Month) 4 (Day) 1863 (Year)

8. AGE: Years ~~70~~ 76 Months 6 Days ~~20~~ 22 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name Burrell Boggs
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant John H Boggs

(b) Address 1623 Hartford, Detroit Mich

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Fayette Mo

18. (a) Signature of funeral director [illegible]

(b) Address Fayette Mo

19. (a) Mar. 5-1940 (Date received local registrar) (b) V. A. Bonham (Registrar's signature) 220

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1940 hour — minute — M.

21. I hereby certify that I attended the deceased from Feb 12, 1940, to Feb. 26, 1940 that I last saw him alive on Feb 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation — Duration Feb 40

Due to Myocarditis - Chronic

Due to

Other conditions — 93C (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 [illegible] (M. D. or other)

Address Fayette, Mo Date signed 3-4-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-42

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, ~~only~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Ralph A Carr.

Licensed Embalmer No. 3340

P. O. Address Fayette Mo

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.

. S. No. 2B
M—2-21-40
I X22659

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

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1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Joe Boggs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 4 (Day) 1863 (Year)

8. AGE: Years 76 Months 6 Days 28 If less than one day hr. min. 22

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

MOTHER

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Mar. 5 1940 (Date received local registrar) (b) V. C. Bonham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19;

that I last saw h alive on , 19;

and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 W. J. Shaw (M. D. or other)

Address Fayette Mo Date signed

SUPPLEMENTARY

S-6784