

Registration District No. 1735

Primary Registration District No. 5970

Registrar's No. 82

1. PLACE OF DEATH
(a) County Randolph
(b) City or town Rural Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #4 Moberly Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community Two days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. No 4 Moberly Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ROBERT DAVID BOARDMAN
3. (b) If veteran, _____ name war. _____
3. (c) Social Security No. 655

20. DATE OF DEATH: Month April day six
year 1940 hour 2 minute _____ A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April - 4 - 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from apr. 4 1940 to apr. 6 1940
that I last saw him alive on apr. 6 1940
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 0 Days 2
If less than one day _____ hr. _____ min.

Immediate cause of death atelectasis
Due to Congenital?
Duration 7 days

9. Birthplace R.F.D. #4 Moberly Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Child

Other conditions (Include pregnancy within 3 months of death) 16/14

11. Industry or business _____
12. Name Joseph Paul Boardman
13. Birthplace Floridfield Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Maie Pearl Gray
15. Birthplace Randolph Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Joseph P. Boardman
(b) Address R.F.D. #4 Moberly Mo.
17. (a) Rural (b) Date (hereof) April 6 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek
18. (a) Signature of funeral director Shaw Funeral Home
(b) Address Moberly Mo
19. (a) 4/6/40 (b) Cedell Bultax
(Date received local registrar) (Registrar's signature)

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? 9.25
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature L. E. Hubel (M. D. brother)
Address Moberly Mo Date signed 4/6/40

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.

RECEIVED

District Health Officer No. 10

District File Number *5-40-1866*

Date Filed *MAY 15 1940*

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.