

AUG 9 1940

State File No. \_\_\_\_\_

Registration District No. 465

Primary Registration District No. 4278

Registrar's No. 10

1. PLACE OF DEATH:

(a) County LAFAYETTE  
(b) City or town WAVERLY MO  
(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)  
In this community ALL HER LIFE years, months or days 35

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town WAVERLY MO  
(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 JESSIE M.T. BOOTON

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

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

(b) Name of husband or wife R.E. BOOTON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 17 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name ISADORE TUCKER

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

14. Maiden name MILDRED GALBRAITH

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

16. (a) Informant MARGARET B. CAPLES  
(b) Address WAVERLY MO

17. (a) BURIAL (b) Date thereof July 10 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WAVERLY CEMETERY

18. (a) Signature of funeral director F. L. James  
(b) Address Concordia MO.  
19. (a) July 9, 1940 (b) Clayton H. Lombum  
(Date of record) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 9  
year 1940 hour 3:15 minute AM

21. I hereby certify that I attended the deceased from July 6, 1940, to July 9, 1940  
that I last saw her alive on July 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia  
Pulmonary edema

Due to Acute Cholecystitis  
with obstruction of biliary  
passage.

Other conditions 127A  
(Include pregnancy within 3 months of death)

Major findings: no operation  
Of operations \_\_\_\_\_  
Of autopsy no autopsy

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? 876  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Jordan Kelling M.D. (M. D. ✓)  
Address Waverly, MO Date signed July 9, 1940

Duration

4 1/2 hrs.

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10-1-40

140  
140

10/1/40

*Handwritten notes and signatures:*  
P  
July  
James  
has in mind  
to be  
working

RECEIVED  
District Health Officer No. 8  
District File Number 8-6-40  
Date Filed

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.....

working under my personal supervision.

*me*

Registered Apprentice No.

Signed

*E. S. James*

Licensed Embalmer No.

*2058*

P. O. Address

*Louisa M*

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.