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FILED AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

25804

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 83

Registration District No. 593 Primary Registration District No. 4351 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: New Florence Mo. 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) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

(c) City or town New Florence 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 CHARLES BENJAMAN BOOHER 60 c

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Flay Booher

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 24, 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Martin Booher
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Millard
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant W. H. Kelsick

(b) Address New Florence Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Cemetery

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo.

19. (a) 7/20/40 (Date received local registrar) (b) James O. Helm M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/15/40 day year hour minute M.

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

	Duration
Immediate cause of death Bronchial pneumonia	3 days
Due to Cerebral Haemorrhage	15 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

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? 523 (Specify type of place)

(e) While at work? (f) Means of injury

23. Signature James O. Helm (M.D. or other)

Address New Florence Mo. Date signed 7/23/40

(Licensed Embalmer's Statement on Reverse Side)

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 ~~xxx~~ on the day of July 1940, Registered Apprentice No.....
working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.