

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35647

State File No.

Registration District No. 443

Primary Registration District No. 4261

Registrar's No. 63

1. PLACE OF DEATH:

- (a) County Knox
(b) City or town Hurdland
(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
years, months or days

3. (a) PRINT FULL NAME Thomas E. Boone

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased Oct 25 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 18 If less than one day
hr. min.

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

10. Usual occupation Retired Barber

11. Industry or business

12. Name Frank Boone

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

14. Maiden name Hanny Coffey

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

16. (a) Informant J. W. Boone

- (b) Address Hurdland Mo.

17. (a) Burial (b) Date thereof Oct 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Baker Cemetery

18. (a) Signature of funeral director W. H. Smith
(b) Address Memphis Mo.

19. (a) Oct 15 1940 (b) Mrs C. M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Knox

- (c) City or town Hurdland
(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.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 13, year 1940 hour 11:30 minute A.M.

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

- that I last saw him alive on Oct 10 1940

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

- Immediate cause of death suicide Duration

- Due to Shot in brain.

- Due to

- Other conditions 167

- (Include pregnancy within 3 months of death)

- Major findings:

- Of operations

- Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) suicide

- (b) Date of occurrence Oct 13 1940

- Where did injury occur? Hurdland Knox Mo.
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? 395 at room where he stayed
While at work? no (Specify type of place) (e) Means of injury

23. Signature W. H. Smith M. D. or other

- Address Hurdland Mo Date signed 10/14/40

RECEIVED

District Health Officer No. 10

District File Number 11-40-2179

Date Filed NOV 14 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. 1029

P. O. Address Memphis

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

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