

Registration District No. **718** Primary Registration District No. **6430**

Registrar's No. **59**

FILED DEC 11 1940

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

1. PLACE OF DEATH:

(a) County **PuTnAM**
(b) City or town **UNIONVILLE**
(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 **45 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **PuTnAM**
(c) City or town **UNIONVILLE**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **29**
year **1940** hour **3:** minute **45 P.M.**
21. I hereby certify that I attended the deceased from **7700-15-**
1940, to **7700 29**, 19**40**
that I last saw him **AR** alive on **7700 29**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia -
Proximal - ?
Due to **accident fall**
from home - fracture hip - M
Due to _____

Duration
11/28/40
11/5/40
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME **MARY ANN BOGGS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **76**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **WILLIAM H.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MAX** **18** **1848**
(Month) (Day) (Year)

8. AGE: Years **92** Months **6** Days **11** If less than one day _____ hr. _____ min.

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

10. Usual occupation **HOUSE WORK**

11. Industry or business **AT HOME**

MOTHER FATHER { 12. Name **WILLIAM BROWER**

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

14. Maiden name **SARAH ROSE**

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

16. (a) Informant **Mary Etta Gray**

(b) Address **Unionville Mo**

17. (a) **BURIAL** (b) Date thereof **DEC. 1 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **UNIONVILLE CEMETERY**

18. (a) Signature of funeral director **Cam STACK FUNERAL HOME**

(b) Address **Unionville Mo**

19. (a) **Nov 29 1940** **J. W. Hillman**
(Date received local registrar) (Registrar's signature)

Other conditions (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) _____

(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? **Y**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. Neal Martin** (M. D. or other)

Address **Unionville Mo** Date signed **11/30/40**

RECEIVED

District Health Officer No. 10

District File Number 12-40-2223

Date Filed DEC. 7 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

J. M. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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.