

JAN 25 1941 7/8

Primary Registration District No. 6430

State File No.

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville, 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 _____ years, months or days 2

3. (a) PRINT FULL NAME Effie Boston

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Jess Boston 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug-21-1878 (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation House, Work

11. Industry or business _____

12. Name Harry Rouse

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

14. Maiden name Lucy L. H.

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

16. (a) Informant Tom Buster

(b) Address Unionville, Mo

17. (a) Burial (b) Date thereof Dec-27-40 (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo

18. (a) Signature of funeral director J. O. Husted

(b) Address Unionville, Mo

19. (a) Dec 30, 1940 (Date received local registrar) (b) W. W. Gillum (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam
(c) City or town Unionville, 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec, 14, 1940 to Dec 26, 1940 that I last saw her alive on Dec 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 12/14

Due to _____

Due to _____

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? 645

(Specify type of place)

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

23. Signature W. W. Gillum (M. D. or other) 3

Address Unionville, Mo Date signed 12/26/40

RECEIVED

District Health Officer No. 10

District File Number 1-40-31

Date Filed JAN 7 1941

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

Muel E. Husted

Licensed Embalmer No.

33024

P. O. Address

Unionville N.C.

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.