

FILED FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2348

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(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 of life.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County County.  
(c) City or town Boonville,  
(If outside city or town limits write "RURAL")  
(d) Street No. 521 E. Vine St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Victoria E. Givens.

8. (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

6. (b) Name of husband or wife Warren Givens. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 12th, 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 20 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Cooper County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At Home.

12. Name Ben Bedwell  
13. Birthplace Pennsylvania.  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Street.  
15. Birthplace Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Gleason.  
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Feb. 3" 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Woodman Haller  
(b) Address Boonville, Mo.

19. (a) 2-3-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1  
year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1940  
to Feb. 1, 1941.

that I last saw her alive on Feb. 1, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 2 days

Due to \_\_\_\_\_ 1941

Due to \_\_\_\_\_

Other conditions Arteriosclerotic Melancholia  
(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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W.H. Ziegler (M. D. or other) [Signature]  
Address Boonville Mo. Date signed 2-3-41

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

RECEIVED  
District Health Officer No. 8,  
District File Number 2-6+4/  
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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.**