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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2836
Registrar's No. 3

JAN 25 1941
Registration District No. 398

Primary Registration District No. 3019

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution: 1215 W College St.
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mary Loretta Boone
8. (b) If veteran, name, war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Whit 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Allen C. Boone 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased April 6 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name William J. Rudd
13. Birthplace Springfield Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Madge Talbot
15. Birthplace Jackson Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Allen Boone
(b) Address Mayview, Mo.

17. (a) Burial (b) Date thereof Jan 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Cots & Sparks
(b) Address Independence, Mo.

19. (a) Jan. 6 1941 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Mayview
(If outside city or town limits, write "RURAL")
(d) Street No. Row (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 3 year 1941 hour 8 minute 05 A.M.
21. I hereby certify that I attended the deceased from 1936 to Jan 3 1941; that I last saw her alive on Jan 2 1941 and that death occurred on the date and hour stated above.

Immediate cause of death La Bess
Cachexia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 50

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? 360
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Thomby (M. D. or other) MD
Address Independence Mo Date signed 1-4-41

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 me

Registered Apprentice No. _____

~~working under my personal supervision.~~

Signed _____

Coland R. Speaks

Licensed Embalmer No. 3604

P. O. Address 300 So Grand, Indip.

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.