

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10047**  
Registrar's No. **77**

ED APR 4 1941 73  
Registration District No. **73**

Primary Registration District No. **5112**

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

1. PLACE OF DEATH:  
(a) County **BOONE**  
(b) City or town **RURAL 1 - BROWN STATION, MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Columbia Township**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Boone**  
(c) City or town **BROWN STATION**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **RURAL 1** (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **CHRISTOPHER COLUMBUS BOATMAN**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **3** day **21** - ~~1941~~ year **1941** hour **8** minute **15** P. M.  
21. I hereby certify that I attended the deceased from **Did not see patient but NY WP Depot MP did** that I last saw h. **live** on **3-20**, 19**41** and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. 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 alive \_\_\_\_\_ years  
7. Birth date of deceased **4 15 1855**  
(Month) (Day) (Year)

Immediate cause of death **Cardio - Renal disease**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **no** (Include pregnancy within 3 months of death)  
Major findings: Of operations **no**  
Of autopsy **no**

8. AGE: Years **85** Months **11** Days **6**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **FARMER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **William Boatman**  
13. Birthplace **NOT KNOWN** (City, town, or county) (State or foreign country)  
14. Maiden name **NOT KNOWN**  
15. Birthplace **NOT KNOWN** (City, town, or county) (State or foreign country)

16. (a) Informant **JAMES BOATMAN**  
(b) Address **RURAL 1 BROWN STATION MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-22-1941** (Month) (Day) (Year)  
(c) Place: burial or cremation **OAKLAND CHURCH**

18. (a) Signature of funeral director **PARKER**  
(b) Address **Columbia, MO**

19. (a) **3/24/41** (Date received local registrar) (b) **Allie Selby** (Registrar's signature)

PHYSICIAN  
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) **no**  
(b) Date of occurrence **no**  
(c) Where did injury occur? **no** (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 **Wesley Kobus** (M. D. or other) **MD**  
Address **Columbia MO** Date signed **3/27/41**

**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.....

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

working under my personal supervision.

Signed

*M. V. Whitaker*

Licensed Embalmer No. *3898*

P. O. Address *Columbus, 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, fact should be so stated above.**