

APR 15 1941

Registration District No. 719

Primary Registration District No. 5-95-0

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Rural, Elm Gap
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME

Samuel Major Boston

3. (b) If veteran, name war 2

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 10 1862
(Month) (Day) (Year)

8. AGE:

Years 78

Months 10

Days 21

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) Mo

10. Usual occupation

Farmer

11. Industry or business

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. (a) Informant

Mrs Wm Sparks

(b) Address

Worthington Mo

17. (a)

Rural

(b) Date thereon

March 7-41

(c) Place: burial or cremation

18. (a) Signature of funeral director

Johnson Corp
J. J. J. J. J.

(b) Address

Worthington, Mo

19. (a)

March 9-1941

(b) Mamma Martin
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Worthington, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death

Influenza

Due to

Exposure and lack of care

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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)

(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?

(e) Means of injury

(Specify type of place) While at work

23. Signature E. W. Jones

Address Unionville, Mo Date signed 3-1-41

RECEIVED

District Health Officer No. 10

District File Number 4-41-660

Date Filed APR 10 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

Murl E. Husted

Licensed Embalmer No.

3304

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.