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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18284

Registration District No. 470 Primary Registration District No. 3633 Registrar's No. 73

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt Vernon  
(c) Name of hospital or institution Mrs State San  
(d) Length of stay: In hospital or institution 35 days  
In this community 35 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town Washington  
(d) Street No. 527 W. 3rd  
(e) Citizen of foreign country? (Yes or No) /

3. (a) PRINT FULL NAME Floyd Wesley Boston  
(b) If veteran, name war No  
(c) Social Security No. 494-05-7178  
(d) Sex Male  
(e) Color or race White  
(f) Single, widowed, married, divorced, or other status Divorced  
(g) Name of husband or wife Unknown  
(h) Age of husband or wife if alive Unknown years  
(i) Birth date of deceased

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 15 year 1941 hour 6:34 minutes P.M.  
21. I hereby certify that I attended the deceased from April 11 1941 to May 15 1941  
that I last saw him alive on May 15 1941 and that death occurred on the date and hour stated above.  
Immediate cause of death Pulmonary tuberculosis  
Duration 3 yrs

8. AGE: Years 43 Months 5 Days 8  
9. Birthplace Gerald Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Factory worker  
11. Industry or business Street  
12. Name Edward Boston  
13. Birthplace Gerald Mo (City, town, or county) (State or foreign country)  
14. Maiden name Frances M. Kluba  
15. Birthplace Clover Bottom Mo (City, town, or county) (State or foreign country)

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy Pulmonary tuberculosis Tuberculous Eucystitis  
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER  
16. (a) Informant Mrs. Myrtle Reardon  
(b) Address Mrs State San  
17. (a) Washington Mo (b) Date thereof May 16 1941  
(c) Place: burial or cremation Washington Mo.  
18. (a) Signature of funeral director W. H. Probert  
(b) Address Mt Vernon Mo.  
19. (a) 5-16-1941 (b) P.A. Helme  
(Date received local registrar) (Registrar's signature)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(e) While at work? (Specify type of place)  
(f) Means of injury  
23. Signature A. L. Coffman M.D. or other  
Address Mt Vernon Mo Date signed 5-15-41

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

RECEIVED

District Health Officer No. 6

District File Number

641-887

Date Filed

JUN 6 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 May

Fossett

Registered Apprentice No. 268

working under my personal supervision.

Signed

H H Fossett

Licensed Embalmer No. 2201

P. O. Address

Mk Vernon, 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.