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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22363

Registration District No. 653 Primary Registration District No. 5871 Registrar's No. 41

1. PLACE OF DEATH:
(a) County Pemiscot
(b) ~~City or town~~ Deering Rural
(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 years, months or days) In this community 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 999
(c) City or town / (If outside city or town limits, write "RURAL") 1
(d) Street No. ____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years. 2

3. (a) PRINT FULL NAME George Washington Boone
3. (b) If veteran, name war WW
3. (c) Social Security No. 417-14-4697
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethaline Boone
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased May 30 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months ____ Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Tuscaloosa Co Ala (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Own Farm
FATHER
12. Name Ike Boone
13. Birthplace Tuscaloosa Co Ala (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Norma Sanders
15. Birthplace Tuscaloosa Co Ala (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Leo Boone
(b) Address Deering Mo.
17. (a) Burial Burial (Burial, cremation, or removal) (b) Date thereof June 26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Tuscaloosa Ala
18. (a) Signature of funeral director T. H. Jones
(b) Address Tuscaloosa Ala
19. (a) 6/26/41 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1941 hour 2 minute a. m. M.
21. I hereby certify that I attended the deceased from June 18, 1941, to June 26, 1941; that I last saw him alive on June 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease 1 wk

Due to ____

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? ____ (Specify type of place)
(e) While at work? ____ (e) Means of injury ____

23. Signature Ayshire (M. D. or other)
Address Hayti, Mo. Date signed 6-26-41

(Licensed Embalmer's Statement on Reverse Side)

7-41-23

NOV 1 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B
-25-41
X27852

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22363

Registration District No. 653 Primary Registration District No. 5871 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH
(a) County Pemiscot
(b) City or town
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala (b) County Tuscaloosa
(c) City or town Tuscaloosa
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Washington Browne
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 30 (Day) 1889 (Year)
8. AGE: Years 7 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 6/26/41 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1941 hour minute 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	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

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