

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22549

Registration District No. 751

Primary Registration District No. 5495

Registrar's No.

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Rural, Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1 mile East of Fairdeal, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community yes
years, months or days left)

3. (a) PRINT
FULL NAME

BOBBY CARL BOOZER

3. (b) If veteran,
name war no

3. (c) Social Security
No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years (Day) (Year)

7. Birth date of deceased April 22, 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 1 20 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Thomas Boozer
13. Birthplace Farmville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alma Ward
15. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Boozer
(b) Address Fairdeal, Mo.

17. (a) Burial (b) Date thereof 6-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robert's Chapel

18. (a) Signature of funeral director Minnie Dick
(b) Address Naylor, Mo.

19. (a) June 14, 1941 (b) Heckman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile East of Fairdeal
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1941 hour 10 minute AM

21. I hereby certify that I attended the deceased from May 30 1941 to June 12 1941;
that I last saw her alive on June 7 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphoid leukemia

Due to perforation of bowel
used peritoneal dialysis
Due to coronary death

Other conditions no hemorrhages
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

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?

23. Signature Heckman (M. D. or other) MD
Address Naylor, Mo. Date signed 6/13/41

JUL 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.....

Bryan C. McCord

Licensed Embalmer No. *4079*

P. O. Address *Taylor 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.