DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27712

State File No.

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 140

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

1. PLACE OF DEATH:

(a) County Audrain. City

(b) City or town Mexico Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Hosptal (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six Dayes (Specify whether In this community Life Time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. R F D Mexico Mo. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Vickie Lee Boulware:

3. (b) If veteran, name war -

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Of Thod Boulware

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 27- 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	26	hr. min.

9. Birthplace Monroe County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name George, W Elzie
13. Birthplace Missouria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gabrilla Gilbert.
15. Birthplace Monroe County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Marion Boulware.

(b) Address Mexico Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Midway Church

18. (a) Signature of funeral director Tad E Pruitt

(b) Address Mexico, Mo

19. (a) August 24-41 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1941 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Aug 14 1941, to Aug 22 1941 that I last saw her alive on Aug 22 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial asthma	3 weeks
Diffuse non-toxic goiter	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
✓
Of autopsy ✓

112

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 Kt. Maneval (M. D. or other) MD

Address Mexico, Mo. Date signed 8/23/41

23

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-41-1676
Date Filed SEP 16 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 Tail T. Prutt, Registered Apprentice No. ..... working under my personal supervision.

Signed Tail T. Prutt

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo

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

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

No. 2B
—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 27712

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 140

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 da (Specify whether
In this community Life time 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. Mexico
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Vickie L. Boulware

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 (Month) (Day) (Year)

8. AGE: Years | 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

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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) August 24-41 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1941 hour minute M.

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

	Duration
Immediate cause of death	
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)

(b) 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