

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED SEP 9 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27971
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 129
 (b) Township 11 Primary Registration District No. 3009
 (c) City St. Francis Hosp. (d) Street No. St. Francis Hosp. Registered No. 32416
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1415 Good Hope St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14-1941
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 16.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone, Missouri
 13. NAME Charles E. Becker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone, Missouri
 15. MAIDEN NAME Mary Preston
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hutton Valley, Mo.
 17. INFORMANT (ADDRESS) Charles E. Becker
Boone, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug 30, 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthus W. Co.
Boone, Missouri
 20. FILED 8-30 1941 J.M. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1941
 22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1941, to Aug 30, 1941
 I last saw him alive on Aug 30, 1941 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia (mod) 8/24-41
Malnutrition 15 8/4-41
 Other contributory causes of importance:
Malnutrition 15 8/4-41
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signature) George H. Goff M.D.
 (Address) Boone, Missouri

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.