No. 2
1-4-41
17-39
X26390

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. 28065

Registrar's District No. 1941201 Primary Registration District No. ~~5280~~ 3012 Registrar's No. 75

FILED SEP 2 1941

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: 208 N Farmer Liberty Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: —
In this community: 60 years 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: Liberty
(If outside city or town limits, write "RURAL")
(d) Street No.: 208 N. Farmer
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓ D

3. (a) PRINT FULL NAME: Samuel Edgar Boggess
3. (b) If veteran, name war: no
3. (c) Social Security No.: ✓
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Maggie Boggess
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: November (Month) 13 (Day) 1879 (Year)

8. AGE: Years 61 Months 8 Days 16 If less than one day: hr. min.

9. Birthplace: Smithville (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Car Battery Mechanic
11. Industry or business:
MOTHER FATHER
12. Name: Owen Boggess
13. Birthplace: Liberty (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name: Maggie Creek
15. Birthplace: Liberty (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant: E. O. Boggess
(b) Address: Liberty Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 30 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Farmer. Liberty Mo
18. (a) Signature of funeral director: Glenn-Corbett Co
(b) Address: Liberty Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29 year 1941 hour 11 minute a. 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: Suicide Gunshot	
Due to: Cancer	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Cancer Liver	
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): Suicide
(b) Date of occurrence: 7-29-1941
(c) Where did injury occur? Liberty Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury: 2
23. Signature: R.W. Prather (M. D. or other)
Address: Excelsior Springs Mo Date signed: 7-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8-96-47
Date Filed

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, M

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.

. No. 2B
—8-21-41
PI X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28065

Registration District No. 201 Primary Registration District No. 2280 Registrar's No. 75

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty
(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 (b) County
(c) City or town
(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 Samuel E. Boggess
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 wid
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
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) 7-30-'41 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 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)
(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

SUPPLEMENTARY