

RECEIVED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28193

Registration District No. 266

Primary Registration District No. 5370

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Deer
(b) City or town Salem, Mo. Rural
(c) Name of hospital or institution Spring Creek Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ronald Roy Booker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 24 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 12 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Robert Booker
13. Birthplace Organ Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Alma Harris
15. Birthplace Organ Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Booker
(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 7-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Grove Cemetery

18. (a) Signature of funeral director Robert F. Brantley
(b) Address Salem, Mo.

19. (a) 7-7-41 (b) F. E. Brantley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Altan, Missouri (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1941 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from July 6, 1941, to July 6, 1941;
that I last saw him alive on July 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea and Enteritis Duration 2 days

Due to ✓

Due to 1190

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 F. E. Brantley M.D. (M. D. or other) MD
Address Salem, Missouri Date signed 7-7-41

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

8411867

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District Health Officer No. 5,

District File Number

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.....

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.