

SEP 26 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31987

State File No.

Registration District No. 546Primary Registration District No. 5738Registrar's No. 10

1. PLACE OF DEATH:

- (a) County W. James
 (b) City or town Kato M. Spring Creek Mo.
 (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

In this community 29 years years, months or days)3. (a) PRINT
FULL NAMEWilliam Boring

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
- Married

- (b) Name of husband or wife
- Della B. Boring

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

7. Birth date of deceased
- June 6, 1856

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

85225

hr.

min.

9. Birthplace
- Balem, Ill

(City, town, or county)

(State or foreign country)

10. Usual occupation
- Farming

11. Industry or business _____

12. Name
- Thomas Boring

13. Birthplace
- Balem, Ill

(City, town, or county)

(State or foreign country)

14. Maiden name
- Elizabeth Boring

15. Birthplace
- Balem, Ill

(City, town, or county)

(State or foreign country)

16. (a) Informant
- Mrs. Della Boring

- (b) Address
- Kato M. Spring Creek Mo.

17. (a)
- Funeral

(Burial, cremation, or removal)

- (b) Date thereof
- Sept 2, 1941

(Month)

(Day)

(Year)

- (c) Place: burial or cremation
- Funeral Home

18. (a) Signature of funeral director
- Robert E. Boring

- (b) Address
- Kato M. Spring Creek Mo.

19. (a)
- Sept 4 - 1941

(Date received local registrar)

- (b)
- Sam A. Warner

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County W. James
 (c) City or town Kato M. Spring Creek Mo.
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Aug
- day
- 31
-
- year
- 1941
- hour
- 8
- minutes
- 30
- A.M.

21. I hereby certify that I attended the deceased from
- Jan 15
- to
- Aug 31
- , 19
- 41
- ;
-
- that I last saw him alive on
- July 1
- , 19
- 41
- ;
-
- and that death occurred on the date and hour stated above.

Immediate cause of death premiachry myocarditis
Senility

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

2 mths2 yrs.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature
- E. E. Ferrell
- (M. D. or other) _____

Address Kato M. Spring Creek Mo. Date signed 9-2-41

4% (Licensed Embalmer's Statement on Reverse Side)

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. 3394

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31987
Registrar's No. 10

Registration District No. 546

Primary Registration District No. 5738

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Veto
(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
In this community. years, months or days)

3. (a) PRINT
FULL NAME

William Boring

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 75 years

7. Birth date of deceased

June 6 1856
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

85

2

30

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

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)

July 4-1941
(Date received local registrar)

(b)

Sam A. Warner
(Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1941 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from 1940 to 1941, 19...;
that I last saw him live on July 3, 19...;
and that death occurred on the date and hour stated above.
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 sta-
tistically.

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

1941
S-31987