. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 19, 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34748

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 147

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville City
(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 30 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 314 Center Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Walter Scott MacAaron.
3. (b) If veteran, name war Spanish-A.
3. (c) Social Security No. 487-07-1460
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ada MacAaron.
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept. (Month) 7" (Day) 1877 (Year)

8. AGE: Years 64 Months 2 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Sandusky, (City, town, or county) Ohio. (State or foreign country)
10. Usual occupation Comandant
11. Industry or business Kemper Military School.
FATHER
12. Name Frank MacAaron.
13. Birthplace (City, town, or county) Canada. (State or foreign country)
MOTHER
14. Maiden name Lucy Bush.
15. Birthplace (City, town, or county) Illinois. (State or foreign country)
16. (a) Informant Mrs. W. S. MacAaron.
(b) Address Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14"/41 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cem.
18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.
19. (a) 11-15-41 (Date received local registrar) (b) D. L. Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1941 hour 11 minute 30 p.M.
21. I hereby certify that I attended the deceased from 1937
, 19__, to 11-11-41, 19__;
that I last saw him alive on 11-11-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral accident- ? vascular	4 hrs
Due to: ~~xxxxxxxxxxxxxxxxxxxxxx~~	
Due to: hypertensive heart disease	10 yrs
Other conditions: arterioscerosis vascular nephritis (Include pregnancy within 3 months of death)	?? 10 yrs

Major findings: Of operations none
Of autopsy none

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 C. L. von Ransom (M. D. or other) MD
Address Boonville Mo. Date signed 11-15-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1941

DEC 22 1942

MAY 27 1949

JUN 4 1949

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, N

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

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