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REC'D DEC 12 1941 96

State File No. _____
Registrar's No. 167

Registration District No. _____ Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall *city*

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
In this community 9 years *1* (Specify whether years, months or days)

3. (a) PRINT FULL NAME Freda Marie Boner

3. (b) If veteran, name war no

3. (c) Social Security No. ?

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marvin Boner

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

7. Birth date of deceased Oct 1 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>1</u>	<u>10</u>hr.min.

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

10. Usual occupation House keeper

11. Industry or business _____

MOTHER FATHER {

12. Name J.O.Holly

13. Birthplace Wellsville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Noth

15. Birthplace Glasgow Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Boner

(b) Address Marshall Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8 Nov. 12 41
(Month) (Day) (Year)

(c) Place: burial or cremation Glasgow, Mo.

18. (a) Signature of funeral director Don Short

(b) Address Marshall Mo

19. (a) 11-12-41 Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline *097*

(c) City or town Marshall *2*
(If outside city or town limits, write "RURAL")

(d) Street No. 770 East Eastwood
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1941 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 4 1941 to Nov. 10 1941
that I last saw her alive on Nov. 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma in liver Duration ?

Due to Carcinoma of left breast

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 50

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? _____

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

23. Signature [Signature] (M. D. or other) 0
Address Marshall, Mo Date signed 11-17-41

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-10-41

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.....

Donald w. Short

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... D. *Don Short*

Licensed Embalmer No 3757

P. O. Address Marshall Mo.

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.