No. 2
15-40
17-39
159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3288

Registration District No. 733 Primary Registration District No. 4438 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph E. Boardman

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 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 11 (Day) 1862 (Year)

8. AGE: Years 79 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Fairfield (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Inmate of County Infirmary
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Margaret Miles
(b) Address Detroit, Mich.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek
18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville Mo
19. (a) 2/3/42 (Date received local registrar) (b) Mrs. P. V. Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 21 day 21
year 1942 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1942, to Jan 21, 1942
that I last saw him alive on Jan 20, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	48 hours
Due to Shock from Broken Humerous from	3 days
Due to falling out of bed.	
Other conditions Chronic Arthritis (Include pregnancy within 3 months of death)	yes

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 0 88
(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 9

23. Signature D. H. Johnston (M. D. or other) D.O.
Address Huntsville Date signed 2/2/42

1091 (Licensed Embalmer's Statement on Reverse Side)

8—MC

RECEIVED
District Health Officer No. 10
District File Number 2-42-308
Date Filed FEB 19 1942

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 Tom B Patton

Licensed Embalmer No. 391 4

P. O. Address Huntsville

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

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

S. No. 2B
—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3288

Registration District No. 733 Primary Registration District No. 4438 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville
(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)

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 Joseph E. Boardman

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 11 (Day) 1862 (Year)

8. AGE: Years 79 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 21
year 1942 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.

Immediate cause of death — Duration

Falling out of bed

Due to Senile Condition

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1860 18

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) Accident

(b) Date of occurrence Jan 17th 1942

(c) Where did injury occur? Huntsville (City or town) Randolph (County) Mo (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
County Infirmary (Specify type of place)

While at work? (c) Means of injury

23. Signature D. H. Johnston (M. D. or other)

Address Huntsville Mo Date signed 3/4/42