

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7958**  
Registrar's No. **36**

FILED MAR 16 1942

Registration District No. **796**

Primary Registration District No. **3038**

1. PLACE OF DEATH:

(a) County **Saline**  
(b) City or town **Marshall**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **320 N. Salt Pond 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **34 yr** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

**MARY ELIZABETH BOOKER**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **F** 3 5. Color or race **B** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **David Booker** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Dec - 17 - 1867**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Wilson Crutchfield**  
13. Birthplace **1 Ky** (City, town, or county) (State or foreign country)  
14. Maiden name **Maw**  
15. Birthplace **1 Ky** (City, town, or county) (State or foreign country)

16. (a) Informant **Monroe Booker**

(b) Address **Marshall Mo**

17. (a) **Burial** (b) Date thereof **Feb - 24 - 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marshall Mo**

18. (a) Signature of funeral director **Harry Herschberger**

(b) Address **Marshall Mo**

19. (a) **Feb 24, 1942** (b) **Mrs. T. Q. Westbrook**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Saline** 97  
(c) City or town **Marshall** 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. **320 N. Salt Pond** 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **Mo**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **22**  
year **1942** hour **12** minute **05** A. M.  
21. I hereby certify that I attended the deceased from **13th Feb**, 1942, to **22nd Feb**, 1942  
that I last saw her alive on **Feb 22**, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** 8 Days.  
Due to **High Blood Pressure.**

Due to \_\_\_\_\_  
Other conditions **830**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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?

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

23. Signature **W. H. Madison** (M. D. or other) \_\_\_\_\_  
Address **Marshall, Mo.** Date signed **2-22-42**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-12-42.....

MAR 26 1942

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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.....

*Fred Wilkerson*

Licensed Embalmer No. 2478

P. O. Address Clinton

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.