

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11567

REC'D APR 13 1942

Registration District No. 668

Primary Registration District No. 3032

State File No. _____

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 207 E Morgan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 207 E Morgan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY BOULDEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 6 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Burlington 1 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business House Work

12. Name Wilson Boulden

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

14. Maiden name Mrs. Hawthorn

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

16. (a) Informant Sage Gall

(b) Address Sedalia

17. (a) Sedalia (b) Date thereof Mar 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia

19. (a) 3/20/42 (b) Ms Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1942 hour 6:30 minute _____ M.

21. I hereby certify that I attended the deceased from 1/3 1942 to 1/19 1942

that I last saw her alive on 1/19/42 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to Exhaustion

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 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 N. W. A. King (M. D. or other) _____

Address _____ Date signed 3/20/42

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

MOTHER FATHER

1622

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-10-42

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.....

F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.