

Registration District No. **238**

Primary Registration District No. **4145**

1. PLACE OF DEATH:

(a) County **Dade**
(b) City or town **Lockwood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 years** (Specify whether years, months or days)
In this community **19 years**

3. (a) PRINT FULL NAME **Annie E. Boone**

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

4. Sex **Fe /** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**
7. Birth date of deceased **Oct. 28th, 1848**
(Month) (Day) (Year)

8. AGE: Years **93** Months **7** Days **8** If less than one day hr. _____ min. _____

9. Birthplace **Warrenton Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

12. Name **Alfred Mc Clure**
13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Camp**
15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs W.N. Mc Kinney**
(b) Address **Lockwood, Mo.**

17. (a) **Burial** (b) Date thereof **June 7, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ash Grove, Mo.**

18. (a) Signature of funeral director **E. Ray Caldwell**
(b) Address **Lockwood, Mo.**

19. (a) **June 6, '42** (b) **Bernice M. Coenen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**
(c) City or town **Lockwood,**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5th** year **1942** hour **four** minute **15** P. M.

21. I hereby certify that I attended the deceased from **May 21**, 19**42** to **June 5**, 19**42**
that I last saw her alive on **June 4**
and that death occurred on the day and hour stated above.

Immediate cause of death **Epithelioma face** Duration **2 yrs**

Due to _____

Due to _____

Other conditions **Empiema of face** **2 1/2 weeks**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **53**
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)
(c) Means of injury **11**
23. Signature **J. D. Combs, M.D.** (M. D. or other)
Address **Lockwood** Date signed **6/6/42**

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

RECEIVED

District Health Officer No. 6,

District File Number 642-836

Date Filed JUN 11 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

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 33808

P. O. Address Lickwood 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.