

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18771

FILED JUN 4 1942

13712

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Hayleson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Cemetery
(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)

3. (a) PRINT FULL NAME ELIEMMER BOKING

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

4. Sex MO 5. Color or race W 6. (a) Single widowed, married, divorced 2

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

7. Birth date of deceased July 13 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 28 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Sam Boking

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

14. Maiden name unknown

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

16. (a) Informant _____ (b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42
(Month) (Day) (Year)

(c) Place: burial or cremation Boring

18. (a) Signature of funeral director R. J. Seep

(b) Address Richland MO

19. (a) 5-29-1942 (Date received local registrar) L. H. M. Wadd
4 (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski
(c) City or town Hayleson Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 5-12-1942 to 5-12-1942
that I last saw him 2 alive on 5-12-1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Angina pectoris
Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 94b

Of autopsy no

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 0

23. Signature R. J. Seep (M. D. or other) 0

Address Richland MO Date signed 5-13-42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Pulaski County Health Officer

File Number 5-42-142

Date Filed 5-30-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.