

89
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Ray
 (a) County _____
 (b) City or town Hardin Mo
 (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 _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Virgil Boggers
 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 married
 6. (b) Name of husband or wife Sola Boggers 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased April 12, 1869
 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farmer + Filling Station

MOTHER FATHER
 12. Name Henry C Boggers
 13. Birthplace Kentucky _____
 (City, town, or county) (State or foreign country)
 14. Maiden name Louinda Frazer
 15. Birthplace Ray Co _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Patton
 (b) Address Hardin Mo

17. (a) Burial (b) Date thereof May-28-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hardin Cem

18. (a) Signature of funeral director Jno W. Knipschild
 (b) Address Hardin Mo

19. (a) May 27, 1942 (b) Mrs. Chas W. Stepp
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 89
 (a) State _____ (b) County 8
 (c) City or town _____
 (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 May day 27
 year 1942 hour 4:00 minute _____ A. M.
 21. I hereby certify that I attended the deceased from April 1
 _____, 1942, to May 27, 1942.

that I last saw him alive on May 26, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Aortic Stenosis 15 yrs.
Aortic Insufficiency

Due to _____
 Other conditions Massive Infarct Rt Lung 10 days.
 (Include pregnancy within 3 months of death)

Major findings: 940
 Of operations _____
 Of autopsy _____

Duration

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 Carl Reed (M. D. or other) _____
 Address Hardin Date signed 5/27/42

RECEIVED

District Health Officer No. 8,

District File Number 677

Date Filed 6-11-43

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

John W. Knipschildt

Licensed Embalmer No.

2789

P. O. Address

Wardin 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.