

LED JUL 9 1942
Registration District No. 237

Primary Registration District No. 4144

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Greenfield 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 9.5 years (Specify whether years, months or days)
In this community 9.5 years

3. (a) PRINT FULL NAME JAMES THOMAS BOSTON

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married 1 divorced March

6. (b) Name of husband or wife Sarah Boston 6. (c) Age of husband or wife if alive 8 years

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

8. AGE: Years 84 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Rubin & Boston

12. Name Rubin & Boston

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

14. Maiden name Mary Laura Hatcher

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

16. (a) Informant Sarah Boston

(b) Address Greenfield Mo 9805

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

(c) Place: burial or cremation Greenberg Mo

18. (a) Signature of funeral director R. L. Harnisch

(b) Address Loa Kinnard Mo

19. (a) June 2 42 (b) Phyllis Lack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30 (30) year 42 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from 1-1-42 to 5-30, 1942
that I last saw him alive on 5-30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lip Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 45a

Of autopsy

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 J. O. Cowan (M. D. or other)

Address Greenfield Mo Date signed 6-1-42

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

RECEIVED
District Health Officer No. 6,
District File Number 742-912
Date Filed JUL 8 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.....
....., Registered Apprentice No. ME
working under my personal supervision.

Signed R. L. Hunschuld
Licensed Embalmer No. 3934
P. O. Address Lakewood

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.