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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 9 1942

Registration District No. 389

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5543

State File No. 21329

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Koshkonong Myatt Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town Koshkonong (Rural) 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Boak

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife William P. Boak

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec. (Month) 27 (Day) 1870 (Year)

8. AGE: Years 71 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Howell County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Wm. Bussell
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Jane Hubble
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. P. Boak
(b) Address Koshkonong, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Wayside Cemetery

18. (a) Signature of funeral director Reg Carr
(b) Address Thayer, Mo.

19. (a) 6-21-42 (Date received local registrar) (b) Paul Harlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1942 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 6, 1942 to June 11, 1942
that I last saw her alive on June 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertensive Heart
Due to Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

830

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C W Cooper MD (M. D. or other)

Address Thayer Mo Date signed 6-17-42

1125 (Licensed Embalmer's Statement on Reverse Side)

Cooper

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 Leo Carr Registered Apprentice No. ....., working under my personal supervision.

Signed Leo Carr

Licensed Embalmer No. 285

P. O. Address Thayer - 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.