

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27390

State File No.

FILED SEP 10 1942

Registration District No. 208

Primary Registration District No. 3020

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1012 Garrison Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 53 Years
years, months or days

3. (a) PRINT

FULL NAME Hale Matthew Boggess

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sudie 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Feb. 3 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 5 28 hr. min.

9. Birthplace Bristol W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Banker

11. Industry or business None

12. Name Sam Boggess

13. Birthplace Unknown W. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Wood

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

16. (a) Informant Mrs. Earl Overby

(b) Address 1012 S Garrison, Carthage Mo

17. (a) Burial (b) Date thereof Aug 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery
Knell Mortuary

18. (a) Signature of funeral director

(b) Address Carthage Mo

19. (a) Aug 4, 1942 (b) Elizabeth C. Conklin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1012 Garrison Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day first
year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from July 28, 1942, to August 1, 1942
that I last saw him alive on Aug 4, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death

Manic-Depressive
Psychosis
Due to Automobile accident, 1937
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 8

23. Signature E. G. Story, D.O. (M. D. or other) _____
Address Carthage Mo Date signed 8/4/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1203

42-8-684

NOV 10 1961

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, only.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

P. W. K. me

Licensed Embalmer No.

814

P. O. Address

Carthage, 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.