

FILED SEP 14 1942
Registration District No. 632

Primary Registration District No. 4382

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1
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Koshkonong 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 _____

3. (a) PRINT FULL NAME Anna J. Boak
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27
year 1942 hour 3 minute _____ P. _____ M. _____
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Nathan Boak 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Dec. 9 1877
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93e!

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Tennessee / (City, town, or county) (State or foreign country)
10. Usual occupation Domestic

11. Industry or business _____
12. Name Wm. Yarnell
13. Birthplace Tennessee / (City, town, or county) (State or foreign country)
14. Maiden name Sarah Bray
15. Birthplace Tennessee / (City, town, or county) (State or foreign country)

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?

16. (a) Informant Henry Kiryon
(b) Address Koshkonong, Mo.
17. (a) Burial (b) Date thereof 3/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Koshkonong, Mo.

23. Signature Loy Carr (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature Geo D Williams (Date received local registrar) _____
Date signed 4/5

18. (a) Signature of funeral director Higginbotham Funeral Service
(b) Address Hardy, Ark.
19. (a) 6-6-42 (b) Geo D Williams
(Date received local registrar) (Registrar's signature)

111d (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number

942729

Date Filed

9-11-42

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.