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5-17-39  
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29998

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 301

REG OCT 10 1942

Registration District No. 47

Primary Registration District No. 3008

14  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

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

(d) Length of stay: In hospital or institution 4 1/2 hours  
(Specify whether life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton  
(If outside city or town limits, write "RURAL")

(d) Street No. 905 Jefferson  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Jane Young

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 14<sup>th</sup>  
year 1942, hour 2 minute 08 p. M.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Nov. 11 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-14 1942 to 9-14 1942  
that I last saw her alive on 9-14 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

78 10 3 hr. min.

Immediate cause of death Cerebral Hemorrhage 4 hours

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

10. Usual occupation Housewife

Due to Generalized arteriosclerosis with hypertension

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. Hy. Boggess

{ 13. Birthplace Fulton Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Susan Anna Adkins

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

Other conditions (Include pregnancy within 3 months of death) g 3a

16. (a) Informant Mrs. Jess Day

(b) Address Fulton, Mo

17. (a) Burial (b) Date thereof Sept 16 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edenwager Cemetery

18. (a) Signature of funeral director Jess D. Wallace

(b) Address Fulton, Missouri

19. (a) 9-16-42 (b) John M. ...  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature George F. Wood (M. D. or other) no

Address Fulton Mo. Date signed 9-14-42

1147 (Licensed Embalmer's Statement on Reverse Side)

**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 Albert E. White .....

Licensed Embalmer No. 41687 .....

P. O. Address Fulton, 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.**