

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30461**

Registration District No. **143**

Primary Registration District No. **40332**

Registrar's No. **41**

46
2
0

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

1. PLACE OF DEATH:

(a) County **HOWELL**

(b) City or town **WILLOW SPRINGS**
(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 **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Howell 46**

(c) City or town **Willow Springs 2**
(If outside city or town limits, write "RURAL") **0**

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

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

3. (a) PRINT FULL NAME **SHERMAN ORVILLE BOOKER**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **14**
year **1942** hour **8:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **3-15-42**
19____, to **9-14-** 19**42**
that I last saw him alive on **9-13-** 19**42**
and that death occurred on the date and hour stated above.

4. Sex **MALE**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **PRICILLA MCCULLOUGH BOOKER**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Sept. 30 1877**
(Month) (Day) (Year)

Immediate cause of death **uremia**

Due to **Chronic Nephritis**
Essential Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **64** Months **11** Days **14**
If less than one day hr. _____ min. _____

Major findings: **131 P**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **FATHERS NAME NOT KNOWN (James Moffatt Foster Booker)**

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

14. Maiden name **NOT KNOWN**

15. Birthplace **" "**
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **C. J. Deliban** (M. D. or other) **0**
Address **Willow Springs** Date signed **9-14-42**

16. (a) Informant **Pricilla Booker**

(b) Address **Willow Springs, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Sept. 16, 1942** (Month) (Day) (Year)

(c) Place: burial or cremation **Willow Springs City Cemetery**

18. (a) Signature of funeral director **C. A. Course**

(b) Address **Willow Springs, Mo.**

19. (a) **9-16-42** (Date received local registrar)

(b) **Paul H. Ferguson** (Registrar's signature)

RECEIVED

District Health Officer No. 5,

District File Number 10-42919

Date Filed 10-7-42

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.....

J.C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.