S. No. 2
M—9-4-41
v. 5-17-39
I X29484

81
2
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37784

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. ~~107~~ 125

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nellie McFarland Hospital O
(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 Phelps 81 2
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No. Ozark Hotel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Hudson Wardlaw Boone
3. (b) If veteran, name war World War I
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October (Month) 22 (Day) 1892 (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	0	29	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)
10. Usual occupation .....
11. Industry or business Restaurant (owner)
FATHER
12. Name Lorance N. Boone
13. Birthplace Springfield (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Emily Seymour
15. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Mrs W. Culp (Sister)
(b) Address Iowa
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-22-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ St. Louis, Mo
18. (a) Signature of funeral director Alfred T. Smith
(b) Address Rolla, Mo.
19. (a) 11-22-1942 (Date received local registrar) (b) Nellie Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from Nov. 4, 1942, to Nov 21, 1942 that I last saw him alive on Nov 21 7 20 P.M., 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Due to .....

Due to .....

Other conditions 92 b
(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.

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 [signature] (M. D. or other)
Address Rolla Mo Date signed 11/22/1942

1092 (Licensed Embalmer's Statement on Reverse Side)

DEC 11 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.