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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1943

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(c) Name of hospital or institution:
(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 Howard
(c) City or town Fayette
(d) Street No.....
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Annie Willis Booth

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 6th 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 5
If less than one day..... hr..... min.

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

10. Usual occupation At home

11. Industry or business.....

12. Name Thomas Booth

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

14. Maiden name Harriett Chambers

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

16. (a) Informant John Potts

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof Jan, 13th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge

18. (a) Signature of funeral director Guy T. Halley
(b) Address Fayette, Missouri

19. (a) 1-11-1943 (b) Ernest W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1943 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Jan 11
1943 to Jan 11 1943

that I last saw her alive on Jan 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Arteriosclerosis 10 yrs

Due to.....

Other conditions Chronic Myocarditis 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration 1 wk
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 W. B. Bloom (M. D. or other) M. D.

Address Fayette, Mo Date signed 1-11-43

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

1321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-12-43

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

Guy T. Haeberly

Licensed Embalmer No. 2964

P. O. Address Lafayette 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.