

2
-40
39
23159
7

6148

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 6 1943
2188 1/2

Registration District No. 2188 1/2

Primary Registration District No. 3017

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days)

In this community all of life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cooper

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

(d) Street No. 900-6th. Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A? ----- years.

3. (a) PRINT FULLNAME Mrs. Matilda Boone.

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 Widowed

6. (b) Name of husband or wife Joe C. Boone.

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

7. Birth date of deceased September 26th 1884.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>4</u>	hr. <u>-----</u> min. <u>-----</u>

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

10. Usual occupation Housewife.

11. Industry or business at home.

12. Name William Woodhouse.

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

14. Maiden name Susan Hildebrand

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

16. (a) Informant Joe C. Boone, Jr.

(b) Address Boonville, Mo.

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

(b) Date thereof Feb. 5th 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Keller

(b) Address Boonville, Mo.

19. (a) Feb. 4-43- (b) Dr. Chas. Swap.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1943 hour 10 minute 45 a. m.

21. I hereby certify that I attended the deceased from July 28, 1942, to Jan 30, 1943, that I last saw her alive on Jan 29, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Embolic ?

Due to -----

Other conditions Arteriosclerosis deformans
(Include pregnancy within 3 months of death)

Major findings: Impacts of right thigh, buttock

Of operations None

Of autopsy None

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? -----

23. Signature J. W. Williamson (M. D. or other) M.D.

Address Boonville Mo Date signed 2-2-43

Duration
<u>10 days</u>
<u>10 "</u>
<u>30 yrs</u>
<u>2 mo.</u>
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1088

RECEIVED

Health Officer No. 8,

District File Number

Date Filed 3-4-43

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.....

G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.