

FILED MAR 20 1943 18

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No.

2608

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Carr St District Station 3
(If not in hospital or institution, give street number or location)
Em Bonata City Hosp #1
(Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County 3
(c) City or town Paragould
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If other than location)
No attending Physicians
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JAMES THOMAS BOOZER

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

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Boozer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 2 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 4 15 hr. min.

9. Birthplace: (City, town, or county) (State or foreign country) 4

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name John Thomas Boozer
13. Birthplace Birmingham Ala
(City, town, or county) (State or foreign country)
14. Maiden name Dora Alice Pack
15. Birthplace Parkersburg Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant W. M. Boozer
(b) Address Paragould Ark
17. (a) Shipper (Burial, cremation, or removal) (b) Date thereof 3 21 43
(Month) (Day) (Year)
(c) Place: burial or cremation Paragould Ark

18. (a) Signature of funeral director J. F. Bradeck
(b) Address Paragould Ark
19. (a) MAR 19 1943 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1943 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Edema of Brain, Pulmonary Congestion, Chronic Alcoholism
Due to _____

Due to _____
Other conditions: 47
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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) (c) Means of injury _____
23. Signature Alfred J. Perry (M. D. or other) _____
Address Paragould Ark Date signed 3/19/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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.....

John Ketter
.....
Licensed Embalmer No. **3880**
.....
P. O. Address.....

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, above space should be left blank.