

Registration District No. 170

Primary Registration District No. 5627

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Nebo (Rural) Competition
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Franklin Hosp
(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 Laclede
(c) City or town Nebo (Rural) Competition
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME ROY EVERETT BOREN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucy Boren 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug 20 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Texas Co no
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Boren
13. Birthplace Texas Co no
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Wilson
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Boren
(b) Address Competition no
17. (a) Burial (b) Date thereof March 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Carmel

18. (a) Signature of funeral director W E Halbran
(b) Address Lebanon no
19. (a) 4-4-43 (b) Grace Raper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15 1942 to March 22 1943
that I last saw him alive on March 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 2 wks
Due to hypertthyroidism 3 yrs

Other conditions (Includes pregnancy within 3 months of death) 9 yrs
Major findings: Of operations.....
Of autopsy.....

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 James L Hope (M. D. or other)
Address Lebanon, Mo Date signed 3/25/43

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

MOTHER FATHER

53
00
0

1090

APR 6 1943

Received

Laclede County Health Unit

File No. 3-48-48

Date Filed APR 7 1943

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 *Dorsey N. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon 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.