

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15083

205-744

FILED MAY 10 1943
Registration District No. 20669

Primary Registration District No. 4398

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Pemisco

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

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 years (Specify whether years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemisco

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Elbert Booker

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1943 hour 5:30 minute P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Booker

6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased July 3 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from About 2 years prior to death to _____ 1941

that I last saw him alive on evening of death, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Kidneys Duration _____

8. AGE: Years Months Days If less than one day

63 7 23 hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 200a

MOTHER FATHER

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Bert Booker

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

14. Maiden name Bert Knox

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Mrs Mollie Booker

(b) Address Holland

17. (a) Burial (b) Date thereof March 1st 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cville, Mo

18. (a) Signature of funeral director German Undt, Co

(b) Address Steele, Missouri Box 121

19. (a) May 1 - 43 (b) G G Limbaugh
(Date received local registrar) (Registrar's signature)

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)

(g) Means of injury _____

23. Signature D. C. McLean (M. D. or other) _____

Address Holland Mo Date signed 4-4-43

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

1207

4-43-205

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 John St. Germain, Registered Apprentice No. 344 working under my personal supervision.

Signed Joe R. Stovall
Licensed Embalmer No. 3108
P. O. Address Plymouth

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.