

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 1450

FILED MAY 7 1943
Registration District No. 73

Primary Registration District No. 6043

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Rural - Washington R.R. 1.3 mi N. of Taylor
(c) Name of hospital or institution:
6 mi N. of Taylor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME

Kenneth Lee Booser

3. (b) If veteran,
name war C

3. (c) Social Security
No.

4. Sex male 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 22 years (Month) (Day) (Year)

7. Birth date of deceased May 22 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 19 19 hr. min.

9. Birthplace Ripley Co. Taylor - R.R. 10 Mo
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name Tom Booser
13. Birthplace Hannell, Butler (City, town, or county) (State or foreign country)
14. Maiden name Clais Ward
15. Birthplace Fairdealy Ripley Mo (City, town, or county) (State or foreign country)

16. (a) Informant Tom Booser
(b) Address Fairdealy

17. (a) Barthol (b) Date thereof Apr 12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roberts Ave

18. (a) Signature of funeral director Minnie Dick
(b) Address Taylor Mo

19. (a) Gov (b) Bartha W Rite
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 6 mi N. of Taylor (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 11
year 1943 hour 11 minute PM

21. I hereby certify that I attended the deceased from April 9 1943 to April 11 1943
that I last saw him alive on April 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Distro. enteritis

Due to Measles

Due to 55

Other conditions 75
(Include pregnancy within 3 months of death)

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 J. E. Williams (M. D. or other) 4/16/43
Address Springfield, Mo Date signed

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

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

543306

5-6-43

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

Licensed Embalmer No.

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, fact should be so stated above.