

S. No. 2
M-2-43
5-17-39
1 & 3-39

20251

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2936

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C. Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 18 Days Residual Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
(Specify whether
In this community 18 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Lexington, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1400 South 13th st
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Oliver Perry Boor

3. (b) If veteran, name war No

3. (c) Social Security No. 720

4. Sex M

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 _____ years

7. Birth date of deceased Sept. 6 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 25
If less than one day hr. _____ min. _____

9. Birthplace Bedford Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Wm. F. Boor

13. Birthplace Pa 1
(City, town, or county) (State or foreign country)

14. Maiden name Everson Snowden

15. Birthplace Pa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Albert Boor

(b) Address Lexington, Mo

17. (a) Cremation (b) Date thereof 7-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mrs. P. E. Fisher

(b) Address 788 Mo

19. (a) 7-2-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1943 hour 2 minute 20 M.

21. I hereby certify that I attended the deceased from June 7 2 1943 to July 1 1943
that I last saw him alive on July 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Exhaustion - Chronic (Antero-septal)
Due to Bladder Neck Obstruction
Due to Prostatic Hypertrophy
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations No Surgery
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? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature H. E. Brown (M. D. or other) _____
Address 1019 Prof. Bluey Date signed _____

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 Theron R. Redman.....

Licensed Embalmer No. 2737.....

P. O. Address H. P. M......

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.