

FILED SEP 13 1943

Registration District No. 56

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Derfelt Hospital
(d) Length of stay: In hospital or institution One day
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(d) Street No. Route 1, Sarcoxie
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Ronald James Boone

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased February 2 1938
(Month) (Day) (Year)

8. AGE: Years 5 Months 6 Days 14
If less than one day hr. min.

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

10. Usual occupation - - -

11. Industry or business

MOTHER FATHER }
12. Name Ivan Boone
13. Birthplace Diamond Missouri
14. Maiden name Laura Beth Underwood
15. Birthplace Unknown Unknown

16. (a) Informant Ivan Boone

(b) Address Route 1, Sarcoxie, Mo.

17. (a) Burial, cremation, or removal Burial
(b) Date thereof Aug. 19, 1943
(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 8-19-43 (b) Gertrude Rudholts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th
year 1943 hour 5 minute 20 P.M.
Aug. 15th

21. I hereby certify that I attended the deceased from 15th 43 to Aug. 16th 43
that I last saw him alive on Aug. 16th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Insomnia
Peritonitis
Epidemic typhus
Typhoid fever
Duration

Other conditions (Included 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?
(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 A. W. Derfelt (M. D. or other)
Address 2114 Joplin Date signed 8/19/43

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

43-8-740

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 D. Batchelder
Licensed Embalmer No. 4153

P. O. Address Conthage, N.H.

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.