

FILED AUG 24 1943

Registration District No. 238

Primary Registration District No. 5821

Registrar's No. 42

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Rural, Big Prairie Twp  
(c) Name of hospital or institution: /  
(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 New Madrid  
(c) City or town Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Lawrence E. Boggan

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1 16 1943  
(Month) (Day) (Year)

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

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

MOTHER FATHER

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Hazzel Boggan  
13. Birthplace Bear Springs Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Hessie Dabbs  
15. Birthplace Linden Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazzel Boggan

(b) Address Matthews Mo. R.F.D. # 3

17. (a) Burial (b) Date thereof 6/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston Mo.

19. (a) Aug 6, 1943 (b) Alice Spitzer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24  
year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 6/22/43  
19\_\_\_\_ to 6/24/43 19\_\_\_\_  
that I last saw him alive on 6/24/43 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis Duration 1 Week

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 119a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Sikeston Mo Date signed 6-25-43

1051

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

RECEIVED

District Health Office No. 2,

District File Number 843-1094

Date Filed 8-18-43

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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.....

not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Hunter Abbitton*

Licensed Embalmer No. 4210

P. O. Address..... Sikeston 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.