

FILED DEC 6 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3766C

Registration District No. 15

Primary Registration District No. 5069

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural (Lamar Township)
(If outside city or town limits, write "RURAL" and name of township)
(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 1
In this community 59-11-8 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Lamar RFD #1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THOMAS EDWIN BOLES

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mae Boles 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 15 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 11 8 hr. _____ min.

9. Birthplace Barton County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Leonard Boles

13. Birthplace De Kalb, Illinois 1
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Alice Thomas

15. Birthplace Clay County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Boles

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof 10-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 10/25/43 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1943 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from August 1st, 1943, to Oct. 23, 1943
that I last saw him alive on Oct 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 0/4a

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) (e) Means of injury 0

23. Signature R. E. Duesel (M. D. or other) M.D.

Address Lamar, Mo. Date signed 12-24

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6

District File Number 1143-1256

Date Filed NOV 30 1943

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 Carl F. Stonantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.