

0-2
5-42
17-39
X32873

37712

State File No. _____

FILED DEC 18 1943
Registration District No. _____

Primary Registration District No. 3006-5-1-2-0

Registrar's No. 274

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 1/2 West Allen St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
Specify whether

In this community about 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 St. Allen
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELLA Boothe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
year 1943 hour _____ minute _____ M.

4. Sex Female 5. Color or race Trappe

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Boothe

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 7, 1943 to Nov 11, 1943, 19____;
that I last saw him alive on Nov 9, 1943, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

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

Due to _____

Due to _____

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

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

Major findings: 94 L

Of operations _____

Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Hughes

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

14. Maiden name Unknown

15. Birthplace Howard County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Boothe

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 11-18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Franklin Mo.

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia Missouri

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? no (Specify type of place) (e) Means of injury _____

23. Signature E A Swarford (M. D. or other) _____
Address Columbia Mo. Date signed 11/17/43

1250 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Quart R. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia Md

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec
Registrar's No. 277

Registration District No. 28

Primary Registration District No. 8006

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(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 _____ (Specify whether
In this community _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Elle Boothe
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: About 6 years
(Month) (Day) (Year)

8. AGE: Years About 6 yrs Months _____ Days _____ If less than one day _____ min
9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

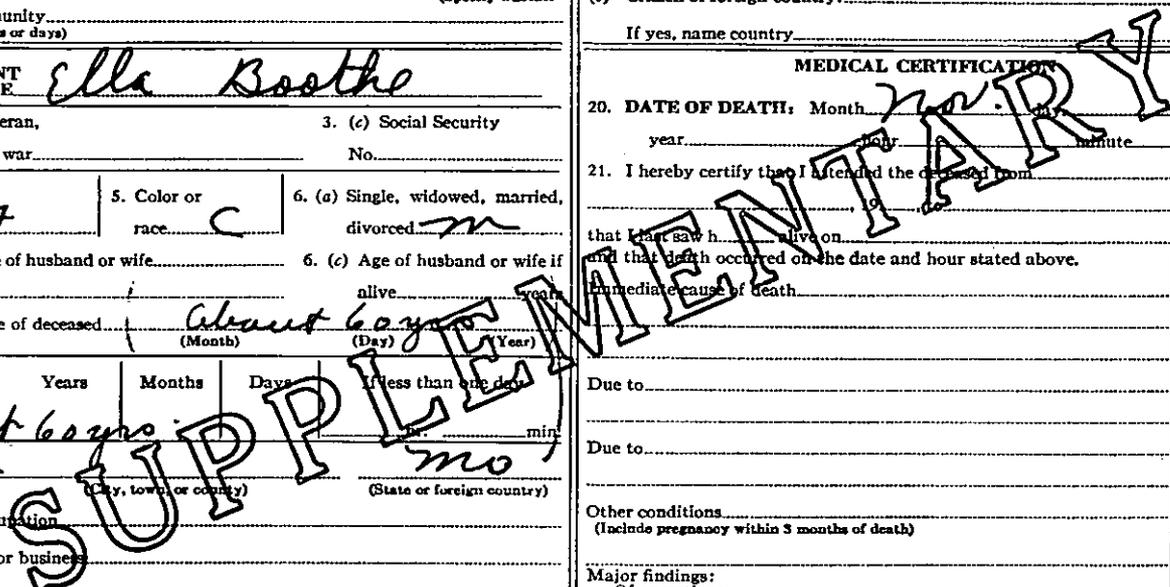
16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 Day 19 Year 19
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
that I saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____



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

37712