No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39336

Registration District No. 1 FILED DEC 11 1942

Primary Registration District No. 4517

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Taney

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

(c) Name of hospital or institution: no (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether in this community years, months or days) no

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney 106

(c) City or town Branson (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jess. L. Boen.

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Elizebth Boen

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Aug (Month) 3 (Day) 1890 (Year)

8. AGE: Years 52 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Fallsville, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Timber Buisness

11. Industry or business

FATHER
12. Name William Riley Boen
13. Birthplace Fallsville Ark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Melson
15. Birthplace Oark Ark (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Jenkins

(b) Address Alpena Pass - Ark

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 5 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Alpena Pass Ark

18. (a) Signature of funeral director L. C. Holt.

(b) Address Harrison Ark

19. (a) Nov 1 1943 (Date received local registrar) (b) Mary Muller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1943 hour 9 minute 20 p M.

21. I hereby certify that I attended the deceased from 7th July 1942 to July 3 1943 that I last saw him alive on July 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Paraplegia Complicated — Duration 17 Months

Due to High Blood Pressure

Due to Obstruction of Bile Duct.

Other conditions Inability to retain food. (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

12774

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) no

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. Rudolph Boen. M.D. (M. D. or other)

Address Oak Grove Ark Date signed 10/31/43

1106 (Licensed Embalmer's Statement on Reverse Side)

RE[illegible]
District [illegible] No. 6,
District File Number 1143-1281
Date Filed NOV 30 1943

DEC 1 3 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.....

Licensed Embalmer No.....

P. O. Address.....

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.