

42375

State File No.

Registrar's No. 308

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Elsberry
(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

In this community years, months or days

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1943 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1941 to Oct 8, 1943
that I last saw him alive on Oct 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerotic myocarditis

Due to
Due to

Other conditions: arteriosclerotic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 131a
Of autopsy:

Duration
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? (Specify type of place) (e) Means of injury
23. Signature: [Signature] (M. D. or D.O.)
Address: 101 [Address] Date signed: 11/17/43

3. (a) PRINT FULL NAME Oscar Lee Boren

3. (b) If veteran, name war 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 Sarah 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: September 11, 1874 (Month) (Day) (Year)

8. AGE: Years 69 Months 27 Days If less than one day hr. min.

9. Birthplace: Marion County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business

12. Name: George Boren

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

14. Maiden name: Anna Tuggle

15. Birthplace: No Record (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Harry Tompkins
(b) Address: 2607 Hope

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

(c) Place: burial or cremation: Mount Olivet Cemetery

18. (a) Signature of funeral director: [Signature]
(b) Address: 902 Broadway Hannibal Missouri

19. (a) 10-15-43 (Date received local registrar) (b) R. H. Connor (Registrar's signature)

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

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

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.....

George T. Bond

Registered Apprentice No. 350

working under my personal supervision.

Signed.....

Wm. M. Smith

Licensed Embalmer No. 1204

P. O. Address. Hannibal 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.