

FILED JAN 13 1944
225

Registration District No.

Primary Registration District No.

6099

Registrar's No. 104

1. PLACE OF DEATH:

(a) County. Schuyler
(b) City or town. Queen City Rural Prairie
(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)

3. (a) PRINT

FULL NAME Joseph L. Boggs

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 Boggs

6. (c) Age of husband or wife if

alive 68 years

7. Birth date of deceased

July

10

1872

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

71

6

10

hr. min.

9. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name George Boggs

13. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

14. Maiden name Artie Barnhart

15. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant W. L. Boggs

(b) Address Queen City

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Dec. 21 '43

(Month) (Day) (Year)

(c) Place: burial or cremation. Jimtown

18. (a) Signature of funeral director. Wm. J. West

(b) Address Queen City, MO

19. (a) Dec. 21, 1943

(Date received local registrar)

(b)

W. J. Justice

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler
(c) City or town Queen City Rural Prairie
(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 Dec day 20
year 1943 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 10 1943 to Dec 17 1943
that I last saw him alive on Dec 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia

Duration

1 week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 W. J. Justice

(M. D. or other)

Address Queen City, MO

Date signed 12-24-43

RECEIVED

District Health Officer No. 10

District File Number 1-44-166

Date Filed JAN. 12 1944

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 None

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm. H. West

Licensed Embalmer No. 2882

P. O. Address Queens City 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.