

FILED MAR 12 1944

Registration District No. 22

Primary Registration District No. 5803

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:
Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 720.4
(If rural, give location)

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

3. (a) PRINT FULL NAME George Washington Boiel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 23
year 1944 hour 8 minute 10 P.M.

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife 1. Jennetta Cook
2. Della Bell

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

7. Birth date of deceased Sept 29 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from OCT. 17, 1942, to FEB 21 1944, that I last saw him alive on FEB 18 1944 and that death occurred on the date and hour stated above.

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

55 4 24 hr. _____ min.

Immediate cause of death CHRONIC MYOCARDITIS

Due to CHRONIC MITRAL STENOSIS

Due to _____

Other conditions BRONCHIAL ASTHMA
(Include pregnancy within 3 months of death)

9. Birthplace Fairfax Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations 93d

Of autopsy _____

11. Industry or business _____

12. Name James Boiel

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

14. Maiden name Mrs. Francis Howard

15. Birthplace Atchison Co. Missouri
(City, town, or county) (State or foreign country)

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 2

16. (a) Informant Walter G. Porel

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof 2-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Rock Park Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Maryville Mo.

19. (a) 2-28-44 (b) Lucy Barber
(Date received local registrar) (Registrar's signature)

23. Signature W. G. Landfather (M. D. or other) DO.

Address Maryville Mo. Date signed 2-29-44

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

74
0
0

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..... *William Campbell*

Licensed Embalmer No..... *2630*

P. O. Address..... *Marquill, 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.