

FILED MAR 3 1944
Registration District No. 3074

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott **100**
(c) City or town Morehouse
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Lee Boone
3. (b) If veteran, name war World War 1 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 21
year 1944 hour 7 minute 45a M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lota Boone 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased 9 17 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-19 1944, to 2-21 1944
that I last saw him alive on 2-21 and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 5 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia + 7th degree burns Duration 2 days

9. Birthplace Owensboro Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Merchant

Due to Fil
Due to _____
Other conditions (Include pregnancy, within 3 months of death) 1815

11. Industry or business _____
12. Name George Boone
13. Birthplace Unknown Ky. (City, town, or county) (State or foreign country)
14. Maiden name Viola Reeves
15. Birthplace Illinois (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Lota Boone
(b) Address Morehouse Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 2/21/44
(c) Where did injury occur? Morehouse Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

(c) Place: burial or cremation Sikeston Mo.
18. (a) Signature of funeral director H.W. Albritton
(b) Address Sikeston Mo.

While at work? no (Specify type of place) (e) Means of injury Burns
19. (a) 3/1/44 (Date received local registrar's) (b) [Signature] (Registrar's signature) 23. Signature [Signature] (M. D. or other)
Address Morehouse Mo Date signed 2-25-44

MOTHER FATHER

MAR 16 1944

APR 7 1944

MAY 31 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

Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed *Hunter Albritton*

Licensed Embalmer No. 4210

P. O. Address Sikeston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.