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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16071

Registration District No. 369

Primary Registration District No. 4538

Registrar's No. 15

1. PLACE OF DEATH:

(a) County WAYNE  
(b) City or town PIEDMONT, MISSOURI  
(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 60 YEARS (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE  
(c) City or town PIEDMONT, MO  
(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

3. (a) PRINT FULL NAME THOMAS HENRY BOSTON

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 IDA LEE BOSTON  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased JUNE 29 1954  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 8 24 ✓ hr. ✓ min.

9. Birthplace NEW ALBANY IND. I  
(City, town, or county) (State or foreign country)

10. Usual occupation TIMBER

11. Industry or business TIMBER

MOTHER FATHER

12. Name ROBERT BOSTON

13. Birthplace IND. I  
(City, town, or county) (State or foreign country)

14. Maiden name RHODA TRAYLOR

15. Birthplace IND. I  
(City, town, or county) (State or foreign country)

16. (a) Informant T. H. BOSTON

(b) Address PIEDMONT, MO

17. (a) BURIAL (b) Date thereof MARCH 25 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASONIC R. EM.

18. (a) Signature of funeral director M. W. Gish

(b) Address PIEDMONT, MO

19. (a) April-12-1944 (b) Mrs. Lottie Mannus  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23  
year 1944 hour 2 minute 45 AM

21. I hereby certify that I attended the deceased from Jan 31 - 1944 to 3-23 - 1944  
that I last saw him alive on 3-23 - 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza & Severe debility

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations

Of autopsy

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 E. S. James, M.D. (M. D. or other)  
Address Piedmont, Mo. Date signed 4-6-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1103

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 544-3736  
Date Filed 5-5-44

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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 *Norman W. Gish*

Licensed Embalmer No. 3317

P. O. Address PIEDMONT, 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.