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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 20 1944

Registration District No. 75

Primary Registration District No. 3004

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(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) 1  
(d) Length of stay: In hospital or institution.....  
In this community 12 yrs  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6  
(c) City or town Lamar  
(If outside city or town limits, write "RURAL") 1  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ROLAND HENRY 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 Lula Boggs 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Oct 16th, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 9 6 hr. min.

9. Birthplace Tipton, MO. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Roland Boggs  
13. Birthplace Penn. (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Hickman  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rolla Boggs  
(b) Address Lamar, MO.

17. (a) Removal (b) Date thereof 6-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Tipton, MO.

18. (a) Signature of funeral director River Funeral Home  
(b) Address Lamar, MO.

19. (a) 6-22-44 (b) Martha River  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd  
year 1944 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from June 17  
1944 to June 22 1944  
that I last saw him alive on June 22 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Due to chron. Nephrosclerosis  
Due to.....

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy.....  
131 f

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 Dr. Guldner (M. D. or other).....  
Address 1405 S. Lamar Date signed Jun 22/44

Duration  
6 w.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

1179

RECEIVED

District Health Officer No. 6,

District File Number 744-824

Date Filed JUL 13 1944

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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 *R. W. Dever*

Licensed Embalmer No. 3141

P. O. Address *Tammar 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.