

S. No. 2  
DM-8-43  
v. 5-17-39  
I X37823

30481

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 28 1944  
Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 936

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 310 Vassar St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 17

3. (a) PRINT FULL NAME TERRY RAYMOND BOULWARE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased. MARCH 27, 1943  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>5</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business None

MOTHER FATHER { 12. Name Thomas Boulware

13. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Betty McMurry

15. Birthplace Lake View, Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Boulware

(b) Address 310 Vassar St., City

17. (a) Burial (b) Date thereof 9/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 6054 Pryor Ave., City

19. (a) 9-1-44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 29, year 1944 hour 11 minute 42 P.M.

21. I hereby certify that I attended the deceased from Aug 27, 1944, to Aug 29, 1944, that I last saw him alive on Aug 29, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cardiac Failure 2 da

Congenital Heart Disease

Due to Congenital Narrowing of Aorta with Dilatation of Heart—especially Right Ventricle—since birth

Due to Malnutrition 2 mos

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of operations None 1572

Of autopsy As above with Congenital Deformity of Kidney

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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. Roger Moore (M. D. or other) M.D.  
Address St. Joseph Mo Date signed 9/31/44

1377

(Licensed Embalmer's Statement on Reverse Side)

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

Signed

*John E. Rupp*

Licensed Embalmer No. 31986

P. O. Address St. Joseph, 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.**