

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31203**
Registrar's No. **221**

FILED OCT 13 1944

Registration District No. **7**

Primary Registration District No. **4238**

1. PLACE OF DEATH:

(a) County **Knox county**
(b) City or town **Edina, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location) **/**
(d) Length of stay: In hospital or institution **Entire life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Bessie Mae Boring**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years
7. Birth date of deceased **March 4th, 1889** (Month) (Day) (Year)

8. AGE: Years **55** Months **6** Days **17** If less than one day hr. min.

9. Birthplace **Knox Co. Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **Same**

12. Name **George McConnell**

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

14. Maiden name **Lucy Orchard**

15. Birthplace **England** (City, town, or county) (State or foreign country)

16. (a) Informant **Miss. Lucy Mae Boring**

(b) Address **Edina, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-23-1944** (Month) (Day) (Year)

(c) Place: burial or cremation **Locus Hill Cemetery**

18. (a) Signature of funeral director **Million & Barkeler**

(b) Address **Shelbina, Missouri**

19. (a) **9-24-44** (Date received local registrar) (b) **Nelle Northcutt** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox**
(c) City or town **Edina, Missouri** (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21st** year **1944** hour **1** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Sept 21** 1944 to **Sept 21** 1944; that I last saw her alive on **Sept 21** 1944; and that death occurred on the date and hour stated above.
Immediate cause of death **Suicide** Duration

Due to **Drinking mixture of "Lye"** 5 hours

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **/**

Signature **C. C. Gibson D. O.** (M. D. or other) **/**
Address **Edina** Date signed **9-22-44**

1142

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 10-44-1246

Date Filed OCT 11 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

working under my personal supervision. , Registered Apprentice No.

Signed

Chas. H. Harris

Licensed Embalmer No.

3498

P. O. Address

Shelburne, N.H.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 31203Registration District No. 167Primary Registration District No. 4258Registrar's No. 221

1. PLACE OF DEATH:

- (a) County Knox
(b) City or town Edina
(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 _____
years, months or days

3. (a) PRINT
FULL NAMEBessie Mae Boring

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive 125 years
7. Birth date of deceased March 4
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days _____ If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Year 1944 hour _____ minute _____ M. _____

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Suicide

- Due to Drunken mixture of 163 g.
5 hrs

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings:
Of operations _____

- Of autopsy _____

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

- (a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Sept 21 - 1944
(c) Where did injury occur? Edina Knox Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Her home (Specify type of place)
While at work? No (e) Means of injury _____

23. Signature Edina (M. D. or other) Mo
Address Edina Date signed 10-44

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

dhw

