

FILED DEC 7 1944

Registration District No. 83

Primary Registration District No. 5315

Registrar's No. _____

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town GOOCH'S MILL *South end near*
(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 _____ (Specify whether)

In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

(c) City or town GOOCH'S MILL 3
(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 ARTHUR THORNTON BOLES

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 2 5. Color or race NEGRO

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JANUARY 6 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 10 19 hr. _____ min.

9. Birthplace GOOCH'S MILL MISSOURI 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant HATTIE BOLES

(b) Address GOOCH'S MILL, MISSOURI

17. (a) BURIAL (b) Date thereof NOV. 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GOOCH'S MILL, MO.

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Dec. 1, 1944 (b) M. N. J. Reueger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 25th
year 1944 hour 1:45 minute _____ p. M.

21. I hereby certify that I attended the deceased from Nov 25
1944 to Nov 25 1944
that I last saw him alive on Nov 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia unknown

Due to _____

Due to _____ 108

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) _____

(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?

(Specify type of place) _____
While at work? _____ (c) Means of injury _____

23. Signature J. C. Fincher (M. D. or other) M.D.

Address Boonville Mo Date signed Nov. 29, 44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-5-44

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

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address *Boonville, 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.