

FILED JAN 9 1945
Registration District No. 139

Primary Registration District No. 4771

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Mound City.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Holt. 44
(c) City or town Mound City, /
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
No.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ada Sarah Boone.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed.

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

7. Birth date of deceased Dec. 5th 1876.
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation House work.

11. Industry or business _____

12. Name Alfred R. Lions.

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

14. Maiden name Lydia Simson.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Myrtle Boone
(b) Address Mound City, Mo.

17. (a) Removal. (b) Date thereof Dec. 11/4
(Burial, cremation, or removal) (Month) (Day) (Year)
Thurman Iowa.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director. H. G. Hooper

(b) Address Mound City, Mo.

19. (a) 12-11-44 (b) Pauline Lawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th.
year 1944. hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 8 1944 to Dec 8 1944

that I last saw him alive on Dec 8 and that death occurred on the date and hour, stated above.

Immediate cause of death Carcinoma of lower colon

Due to Intestinal obstruction

Due to _____

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

Major findings: Of operations _____

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? _____

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

23. Signature H. G. Hooper (M. D. or other) _____

Address Mound City, Mo. Date signed 12-10-44

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

4
1
0

1185

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..... *H. Crawford*

Licensed Embalmer No. *1824*

P. O. Address. *Mound City, 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.