

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 15 1945

Registration District No. 169

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4258

State File No. 11421  
Registrar's No. 235

1. PLACE OF DEATH:

(a) County Edina, Mo.  
(b) City or town Edina, Mo.  
(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 1 (Specify whether years, months or days)

In this community years, months or days

3. (a) PRINT FULL NAME

Miller E. Boone

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.O. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna J. Boone 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 3 1883 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 11 23 hr. min.

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

10. Usual occupation County Judge

11. Industry or business

12. Name Miller E. Boone

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

14. Maiden name Anna J. Boone

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

16. (a) Informant Anna J. Boone

(b) Address Edina, Mo.

17. (a) (b) Date thereof 12-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation New Catholic Cemetery

18. (a) Signature of funeral director L. B. Kelly

(b) Address Edina, Mo.

19. (a) 12-30-44 (b) Will Northcutt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wm. Co.  
(c) City or town Edina (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 12 day 26  
year 1944 hour 8:30 minute AM

21. I hereby certify that I attended the deceased from 1-19-41 to 12-26-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack

Due to Chronic myocarditis 3 yrs

Due to Chronic bronchitis 15 yrs

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?

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

3. Signature Frederick L. Schmidt (M.D.)

Address Edina, Mo. Date signed 12-27-44

RECEIVED

District Health Officer No. 10

District File Number 1-45-191

Date Filed JAN 12 1945

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

*Geo. B. Easley Jr.*

Licensed Embalmer No. 3783

P. O. Address Hurdman

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.

SP61 8 100