

S. No. 2  
I-843  
5-17-39  
P I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2840

State File No. \_\_\_\_\_  
Registrar's No. 404

Registration District No. 209

Primary Registration District No. 3-043-5765

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Oakwood Marion, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Longs Home - 3301 Market  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, 7 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion 64  
(c) City or town Rural 0  
(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 JENNIE 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 0

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

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

8. AGE: Years 91 Months 5 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Daniel Boone 13. Birthplace Kentucky (City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Ann Jones 15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Gix (b) Address Palmyra R.R. 2

17. (a) Greenwood (b) Date thereof 12-14-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Mo.

18. (a) Signature of funeral director A. J. S. Prager (b) Address Palmyra Mo.

19. (a) 12-28-44 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12 year 1944 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from 1942 to 12-12-1944

that I last saw her alive on 12-8-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Debility Duration 2 yrs.

Due to arterio sclerosis etc

Due to \_\_\_\_\_

Other conditions 97  
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) no

(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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature Just in Debt M.D. (M. D. or other) \_\_\_\_\_  
Address Palmyra Mo. Date signed 12/26/44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

400

1146

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**