

FILED APR 7 1945

Registration District No. 2

Primary Registration District No. 4043

Registrar's No. 12

1. PLACE OF DEATH: **Bollinger**
(a) County **Bollinger**
(b) City or town **Marble Hill**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Talley Boan**
(b) If veteran, name war **Spanish American** (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Bessie Boan** (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **January 8 1879**
(Month) (Day) (Year)

8. AGE: Years **66** Months **2** Days **6** If less than one day hr. min.

9. Birthplace **Marble Hill Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Meat Packing Industry**

12. Name **John Boan**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Hughes**
15. Birthplace **Litchfield, Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **Bessie Boan**
(b) Address **Marble Hill**

17. (a) **Burial** (b) Date thereof **March 17, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Robert E. Brown**

(b) Address **Lutesville, Missouri**

19. (a) **3/14/45** (b) **Mrs. Bessie Boan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Bollinger**
(c) City or town **Marble Hill**
(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 **March** day **14**
year **1945** hour **2** minute **15** PM

21. I hereby certify that I attended the deceased from

that I last saw him **Dead** alive on **3/14/45**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94a**

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 **2**

23. Signature **John J. Morris** (M. D. or other) **MD**

Address **St. Louis, Mo.** Date signed **3/14/45**

RECEIVED

District Health Officer No. 4

District File Number 445-423

Date Filed 4-6-45

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 Elen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson, Missouri

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.