S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24632

FILED AUG 9 1945

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 195

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 702 S. SUMMIT ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 38 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 00
(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No. 702 SOUTH SUMMIT ST. 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME GEORGE FREDERICK BOOTHE
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife MAUDE
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 8 - 18 - 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	11	10	..... hr. ..... min.

9. Birthplace JEFFERSON Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED.
11. Industry or business ATTORNEY
FATHER
12. Name ROBERT M. BOOTHE
13. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name SAFRONIA PERKINS
15. Birthplace Mo
(City, town, or county) (State or foreign country)
16. (a) Informant MRS G. F. BOOTHE
(b) Address SEDALIA, Mo.
17. (a) BURIAL (b) Date thereof 7-31-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM.
18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA, Mo.
19. (a) 7/31/45 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 28TH
year 1945 hour 8 minute 40 P. M.
21. I hereby certify that I attended the deceased from over 6 years. ....., 19.... to July 28th, 1945 ....., 19....;
that I last saw him alive on July 28th, 1945. ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	6 yrs.
Due to Hemiplegia Left.	6 yrs.
Due to Hypertension.	6 yrs.
Other conditions Senility. (Include pregnancy within 3 months of death)	
Major findings: No. Of operations None. Of autopsy None.	

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) No.
(b) Date of occurrence None.
(c) Where did injury occur? None. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None. (Specify type of place)
While at work? No. (e) Means of injury 0
23. Signature Jno B. Carlisle M.D. (M. D. or other)
Address Sedalia Mo. Date signed 7-30-45

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Death File Number
Date Filed 8-7-44

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.