

S. No. 2
M-5-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED AUG 21 1945 STANDARD CERTIFICATE OF DEATH

27105

State File No. _____
Registrar's No. 55

Registration District No. 70 Primary Registration District No. 4124

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

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Kahoka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clark
(c) City or town Kahoka
(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 _____

3. (a) PRINT FULL NAME George Thomas Boone
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 8
year 1945 hour 4 minute 9 M.
21. I hereby certify that I attended the deceased from 8/6 to 8/8 1945
that I last saw h _____ alive on _____ 1945
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced unmarried
(b) Name of husband or wife Gene Vales Boone 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 6 - 1970
(Month) (Day) (Year)

Immediate cause of death Thrombophlebitis Duration _____
Due to _____
Due to Accompanying tetra

8. AGE: Years 71 Months 1 Days 2 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 92d

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

MOTHER FATHER
10. Usual occupation Farmer
11. Industry or business _____
12. Name Fredrick Boone
13. Birthplace Pa.
14. Maiden name Charlath Harrison
15. Birthplace Va.

PHYSICIAN
Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:

16. (a) Informant Fritz Boone
(b) Address Kahoka Mo
17. (a) Burial (b) Date thereof Aug 10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kahoka Co
18. (a) Signature of funeral director Walter Weid
(b) Address Kahoka Mo
19. (a) 8-14-45 (b) Perry S. Boston
(Date received local registrar) (Registrar's signature)

(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 _____ (b) Means of injury _____
23. Signature J. R. ... (M. D. or other) _____
Address Kahoka Mo Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 8-45-1355

Date Filed AUG 20 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 Oliver L. Luttinger

Licensed Embalmer No. 2965

P. O. Address Pursey 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.