

S. No. 2
M-5-43
v. 5-17-39
I X36672

FILED NOV 6 1945

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 267

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1306 Nebraska Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 1/2 Years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1306 Nebraska 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ETHEL AMY BORING

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 Married

6. (b) Name of husband or wife Sam Boring 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 - 8 - 1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1945 hour 6 minute 20 P.A.M.

21. I hereby certify that I attended the deceased from Sept 16
1945 to Oct 6 1945
that I last saw her alive on Oct 6 1945
and that death occurred on the date and hour stated above.

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>44</u> | <u>6</u> | <u>28</u> | hr. _____ min. _____ |

Immediate cause of death Calendral Jaundice 3 wks
Duration

Due to Don't know

Due to _____

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

10. Usual occupation At Home

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

MOTHER FATHER

11. Industry or business _____

12. Name James Green

13. Birthplace Jacksonville Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Belle Hughes

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations none 12/8

Of autopsy none

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

16. (a) Informant Ollie Mae Boring

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 10-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) 10-11-45 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature AW Kaufmann (M. D. or other) no

Address Columbia Date signed 10-9-45

1425

JUN 22 1963

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

M. D. Petrides

Licensed Embalmer No.

3893

P. O. Address

Columbia 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.