

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

State File No. **36794**

FILED DEC 10 1945

STANDARD CERTIFICATE OF DEATH

Registration District No. **179**

Primary Registration District No. **5174**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Candeur**
(b) City or town **Climax Springs, Mo. Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Home Rural Route 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John Evan Boston

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married **divorced married**

6. (b) Name of husband or wife **Nancy Menervia Robins**

7. Birth date of deceased **Feb 14 1860**
(Month) (Day) (Year)

6. (c) Age of husband or wife if alive years

8. AGE:

Years

Months

Days

If less than one day

85 7 29

9. Birthplace

Putman Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation

labor

11. Industry or business

12. Name

Sam Boston

13. Birthplace

Putman Co MO
(City, town, or county) (State or foreign country)

14. Maiden name

Nancy Vestal

15. Birthplace

Putman Co MO
(City, town, or county) (State or foreign country)

16. (a) Name

Mrs John Evans Boston

(b) Address

Climax Springs, Mo.

17. (a) Burial

4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Climax Springs Mo Bankson-Woolery

18. (a) Signature of funeral director

Candeur Mo

(b) Address

Oct 19 1945

19. (a) Date received local registrar

Oct 19 1945

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Candeur**
(c) City or town **Climax Springs Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 1** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **3** year **1945** hour **12** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **March 15**, 1943, to **Feb 13**, 1945, and that death occurred on the date and hour stated above.

that I last saw him alive on **Feb 13**, 1945, Immediate cause of death **Bronchopneumonia**

Due to **Senility Debility**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **D. J. E. Briggs** (M. D. or other) **Dr.**
Address **Climax Springs Mo** Date signed **10/19/45**

1579 (Licensed Embalmer's Statement on Reverse Side)

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

Re...
D...
Dr...
Date Filed...
11-43-1188
12-7-43

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Robt. Banksen Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, 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.