S. No. 2
OM—5-43
v. 5-17-39
I · X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1945

State File No. 37953

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 74

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

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 304 East Marshall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community All Of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miss.
(c) City or town Charleston,
(If outside city or town limits, write "RURAL")
(d) Street No. 304 E. Marshall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Alexander Robert Boone
3. (b) If veteran, name war ------
3. (c) Social Security No. ----
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 24th (Day) 1868 (Year)

8. AGE: Years 77 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Clinton (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Retired Teacher
11. Industry or business
FATHER
12. Name William Felton Boone
13. Birthplace Tipton Co. (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Agnes Walker Alloway
15. Birthplace Davidson Co. (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Katherine E. Boone
(b) Address Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Ky.
18. (a) Signature of funeral director John F. Nimmeler Jr.
(b) Address Charleston, Mo
19. (a) 11/13/45 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th year 1945 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from Oct 10th, 1945 to Oct 10th, 1945 that I last saw him alive on Oct 10th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplex Cerebral Hemorrhage	10 days
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Frank S Vernon (M. D. or other)
Address Charleston Mo Date signed 10-13-45

1541 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1145-324
Date Filed 11-8-45

DEC - 5 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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.