

S. No. 2
OM-2-43
v. 5-17-39
No 1 X35697

41341

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED JAN 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 86

Registration District No. 140

Primary Registration District No. 3024

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ethel Tindall Boggs
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 13 year 1945 hour 8:45 minute A. M.
21. I hereby certify that I attended the deceased from 1-1-45 1945 to 12-13 1945

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Boggs 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April 13, 1885
(Month) (Day) (Year)

that I last saw her alive on 12-13 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Embolus Cerebral
Duration 1 day

8. AGE: Years 60 Months 8 Days - If less than one day hr. _____ min. _____

Due to Ch. Cardio. Vascular & renal disease
Due to _____

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

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

10. Usual occupation At home
11. Industry or business _____

MOTHER FATHER {
12. Name Nathan Tindall
13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Omy Bly
15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
12/10

16. (a) Informant George Boggs
(b) Address Fayette, Missouri
17. (a) Burial (b) Date thereof 12/16/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial of Fayette City Cemetery

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? _____

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 12-14-45 (b) Dorothy Fern Sahin
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. B. Bloom (M. D. or other) M.D.
Address Fayette, Mo. Date signed 12-13-45

1531

RECEIVED

Health Officer No. 8,

Case File Number

Date Filed 1-16-46

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, ~~only~~

Registered Apprentice No.

working under my personal supervision.

Signed *Ralph A. Carr*

Licensed Embalmer No. 3340

P. O. Address *Jayette 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.