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DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI

2785

FILED JAN 25 1948 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution Wright Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

(c) City or town Cameville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME Florence E. Booth

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Arthur Booth 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 1 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Wm Kirkpatrick

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Buchanan

15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Ora A Booth

(b) Address Cameville

17. (a) Burial (b) Date thereof Dec. 28 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Local Cemetery, Cameville, Mo.

18. (a) Signature of funeral director James A. Williams

(b) Address Evans, Mo.

19. (a) 12-26-45 (b) J. Irene Fair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1945 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 22 - 1945 to Dec. 26 - 1945 and that death occurred on the date and hour stated above.

that I last saw her alive on Dec. 25 - 1945

Immediate cause of death Acute Coronary Thrombosis Duration 12 hours

Due to Do not know

Due to _____

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

Major findings: Of operations 940

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 Oliver P. Duff (M.D. or other) M.D.

Address Trenton, Mo. Date signed Dec. 26 - 45

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

100149

115

(Licensed Embalmer's Statement on Reverse Side)

115

DISTRICT HEALTH OFFICE
CANON, Mo.

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.

M. S. S.

Registered Apprentice No.....

Signed.....

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address..... *Canon 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.