

FILED FEB 19 1946

STANDARD CERTIFICATE OF DEATH

State File No. 5418

Registration District No. 41

Primary Registration District No. 3025

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Howell
 (b) City or town West Plains, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mrs. Ingold's Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 mos.
(Specify whether years, months or days)
 In this community 13 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
 (c) City or town West Plains
(If outside city or town limits, write "RURAL")
 (d) Street No. Lincoln Ave.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DAVID D. BOOZE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased February 13, 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 6 If less than one day
 hr. _____ min. _____

9. Birthplace Rockton, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER
 12. Name Peter Booze
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mo. O.A.A. Office
 (b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Jan. 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
Howell Co., Farm, Howell Twp., Howell Co.
 (c) Place: burial or cremation

18. (a) Signature of funeral director Hal Thompson
 (b) Address West Plains, Mo.
 19. (a) 1-29-46 (b) Blady Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19,
 year 1946 hour 10: minute P. M.

21. I hereby certify that I attended the deceased from Jan 2, 1946 to Jan 19, 1946
 that I last saw him alive on Jan 16, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: General Arteriosclerosis
Left hemiplegia
Arteriosclerotic myocarditis

Due to _____
 Due to _____
 Other conditions Similar
(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)
 (c) Means of injury U
 23. Signature E. G. Bohrer (M. D. or other) MD
 Address West Plains, Mo. Date signed 1-23-46

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

RECEIVED

District Health Officer No. 45

District File Number 24625-8

Date Filed 2.15.46

MAY 13 1946

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:

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.