G. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8162

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Mo. State School 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since July 28-1935 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co. 97

(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Rose Boone

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, ~~widowed, married, divorced~~ 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 17 (Day) 1926 (Year)

8. AGE: Years 19 Months 5 Days 25 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation Patient

11. Industry or business

FATHER
12. Name R. A. Boone 0
13. Birthplace Louisiana, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name McLaughlin
15. Birthplace Keokuk, Iowa 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mo. State School Records

(b) Address Marshall Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo

18. (a) Signature of funeral director Haley Mortimer

(b) Address Louisiana Mo

19. (a) 2-12-46 (Date received local registrar) (b) Mrs T. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day ~~12~~ 12 year 1946 hour 12 minute 45 a M.

21. I hereby certify that I attended the deceased from Feb 1, 1946, to Feb 12, 1946; that I last saw her alive on Feb 11, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary T. B. Mongolian	
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 0

23. Signature L. S. James M. D. (M. D. or other)

Address Marshall Mo. Date signed 2-12-46

294 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 3-12-46

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, or by .....
..... Registered Apprentice No. .....,
working under my personal supervision.

Signed J. Leslie Dussney
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.