No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24114

Registration District No. 169 Primary Registration District No. 5616 Registrar's No. 52

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

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Rutledge, Rural- Colony.
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox
(c) City or town Rutledge Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Miles South East of Rutledge, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sarah E. Boltz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W

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

6. (b) Name of husband or wife Marshell Boltz

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April - 28 - 1885
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	2	20	hr. min.

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

10. Usual occupation Homekeeper

11. Industry or business

FATHER
12. Name Daniel Goodwin
13. Birthplace uk W. Va.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Snelling
15. Birthplace Knox Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall Boltz
(b) Address Rutledge, Missouri

17. (a) Burial (b) Date thereof July 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge, Knox Co. Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.

19. (a) July 20-46 (b) Nellie S. Dunn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 1 minute 00 M.

21. I hereby certify that I attended the deceased from Sept 1945, to July 18, 1946
that I last saw hER alive on July 13, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to Arterio sclerosis	
Due to	
Other conditions Hemiplegia, of few years standing (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 Waldo [illegible] M.D. (M.D. or other)
Address Knox City, Mo Date signed 7/19/46

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(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1946

RECEIVED
District Health Officer No. 10
District File Number 7-46-1411
Date Filed JUL-22-1946

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.

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.