

26246

FILED AUG 19 1946

Registration District No. 38 Primary Registration District No. 3006 State File No. \_\_\_\_\_ Registrar's No. 192

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:  
Boone County Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Hours  
(Specify whether years, months or days)

In this community 47 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 201 Price Ave.  
(If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDGAR ROY BOOTHE

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Cleo Berry Boothe

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

7. Birth date of deceased 2 - 18 - 1899  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Sturgeon Missouri 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Secy. of Columbia Water & Light Dept.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Peter Alexander Boothe

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

14. Maiden name Mima F. Aispach  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Arch Boothe

(b) Address Sturgeon, Mo.

17. (a) Burial (b) Date thereof 8-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation - Mt. Horab Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 8-9-46 (b) Mrs. R. E. Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8  
 year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 7th 1946, to August 8 1946  
 that I last saw him alive on Aug. 7 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>acute pulm. edema.</u>	<u>12 hrs</u>
Due to <u>acute myocardial decem-</u>	<u>12 hrs</u>
<u>peristalsis</u>	
Due to <u>Coronary thrombosis</u>	<u>12 hrs</u>
Other conditions <u>Chronic myocardial disease</u> <u>3 yrs.</u> <small>(Include pregnancy within 3 months of death)</small>	

Major findings:  
 Of operations 93E

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 Maurice E. Cooper (M. D. or other) M.D.  
 Address Columbia, Mo. Date signed Aug 8 1946

25092 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 8-12-46  
District File Number 8-46-147  
District Health Officer No. 9

RECEIVED

~~JUL 25 1956~~

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 M. S. Whitfield  
Licensed Embalmer No. 3893  
P. O. Address Calverton

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.