

FILED AUG 9 1946

Registration District No. **186**

Primary Registration District No. **5693**

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural Blue Mound Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3/4 mile Northwest of Dawn, Mo.
(If not in hospital or institution, write street number or location)

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

In this community.....
1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME REXFORD BOLEY

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased August 29 1933
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>12</u>	<u>11</u>	<u>6</u>	hr. min.

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

10. Usual occupation Student

11. Industry or business.....

MOTHER FATHER

12. Name William M. Boley

13. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Iva Brown

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

16. (a) Informant William M. Boley

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 8-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sumner, Mo.

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) 8-7-46 (b) Artis Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 120 Washington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased before after death
....., 19....., to....., 19.....

That I last saw him..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Fractured skull

Due to Hit by truck

Due to.....

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

Duration.....

PHYSICIAN
.....
Underline the cause to which death should be charged statistically.

Major findings:
Of operations..... 17058

Of autopsy..... 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 59

(b) Date of occurrence Aug. 5, 1946

(c) Where did injury occur? near Dawn Livingston Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on public highway
(Specify type of place)

While at work? No (e) Means of injury Truck

23. Signature La Mabe Livingston County Coroner
(Name of other)

Address Chillicothe Mo Date signed Aug 1946

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

2013

FILED

DISTRICT HEALTH OFFICE
Cameron, 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Elton J. Norman*

Licensed Embalmer No 4036

P. O. Address Chillicothe, 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.