

S. No. 2
OM-8-43
v. 5-17-39
X37823

34435

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

State File No. _____

FILED OCT 28 1946

STANDARD CERTIFICATE OF DEATH

Registration District No. 287

Primary Registration District No. 5979

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Marionville 9-1-22 1/2 mi. N. E. of
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marionville
2 1/2 miles N. E. of Marionville
(If not in hospital or institution, write street number or location)

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

In this community 33 years in com.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Marionville (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 miles N. E. of Marionville
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME John Ensor Booker

3. (b) If veteran, name war L

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1946 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from Saw him only on Aug 26 1946, 19____;
that I last saw him alive on, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Bertie Heggie 6. (c) Age of husband or wife if alive, years 24

7. Birth date of deceased April 24 1873
(Month) (Day) (Year)

Immediate cause of death lymphatic pneumonia

Due to lymphosarcoma

Due to _____

Other conditions (Include pregnancy within 3 months of death) 55E

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph Booker

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

14. Maiden name Ann O. Miller

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

16. (a) Informant Mary J. Booker

(b) Address Marionville R-1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Booker Cemetery

18. (a) Signature of funeral director Corwin Blue

(b) Address Palmar, Mo.

19. (a) Oct. 14, 46 (Date received local registrar) (b) Joe A. Jones (Registrar's signature)

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 _____

23. Signature J. J. Samuel (M. D. or other) _____

Address Marionville, Mo. Date signed 10-9-46

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

4
0
0

33200

665 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-46-1093
Date Filed 10-25-46

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 *William R. Erwin*
Licensed Embalmer No. *3092*
P. O. Address *Bolivar, 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.