

S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34507

State File No. _____

FILED NOV 12 1946
3 9 9

Registration District No. _____

Primary Registration District No. 3057

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
319 W. Main St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4
(Specify whether _____)

In this community 38 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

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

(d) Street No. 319 W. Main St.
(If rural, give location)

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

3. (a) PRINT FULL NAME JESSE H. BOGGS

3. (b) If veteran, name war ✓

3. (c) Social Security No. 486-09-4683

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17th
year 1946 hour 12 minute 30 P.M.

4. Sex Male 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: May 1, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-10-46 19____ to 10-17-46 19____;
that I last saw him alive on 10-17-46 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Coronary Occlusion 1 day
Duration

9. Birthplace West Line, Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death) _____?

10. Usual occupation Supt. of Construction

Major findings: _____

Of operations 9/4/46

Of autopsy _____

11. Industry or business Mo. Lard & Oleo. Co.

12. Name Augustine M. Boggs

13. Birthplace Unknown N.C.
(City, town, or county) (State or foreign country)

14. Maiden name ella V. Morget

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. H. Boggs

(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/46
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Smiling Stone Cem

18. (a) Signature of funeral director Frank Lile, Jr. Home

(b) Address Richmond, Mo.

While at work? _____ (Specify type of place)

(c) Means of injury 0

19. (a) Oct 23-46 (Date received local registrar)

(b) Mal Jackson (Registrar's signature)

23. Signature J. H. Stover (M. D. XXXX 46)
Address Richmond, Mo. Date signed 10-22-46

(Licensed Embalmer's Statement on Reverse Side)

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

33331

273

District File Number.....

Date Filed 11-9-46.....

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..... *Louis Quest*

Licensed Embalmer No. 4096.....

P. O. Address Richmond.....

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.