

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1818**
Registrar's No. **11**

Registration District No. **210**

Primary Registration District No. **5768**

1. PLACE OF DEATH:

(a) County **Mercor**
(b) City or town **Rural - Harrison Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **All Life** years, months or days

3. (a) PRINT FULL NAME **Harvey William Booth**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **497-14-4093**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lucille Booth** 6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **April 21 1902**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 8 24 hr. min.

9. Birthplace **Harrison Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **George W. Booth**
13. Birthplace **Harrison Co., Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Ella Newton**
15. Birthplace **Harrison Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucille Booth**
(b) Address **Cainsville, Missouri.**

17. (a) **Burial** (b) Date thereof **Jan. 17, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Lawn Cemetery**

18. (a) Signature of funeral director **[Signature]**
(b) Address **Cainsville, Mo.**

19. (a) **1-25-47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mercor**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **5 1/2 miles South of Cainsville, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **15th**
year **1947** hour **5** minute **40** AM

21. I hereby certify that I attended the deceased from **May 19 1945** to **January 15 1947**
that I last saw him alive on **January 11 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **2 wks.**

Due to _____
Due to _____

Other conditions **Buerger's Disease** **5 years**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **94A**
Of autopsy _____
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 **0**
23. Signature **[Signature]** (M. D. or other)
Address **Princeton, Missouri** Date signed **1/16/47**

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(Licensed Embalmer's Statement on Reverse Side)

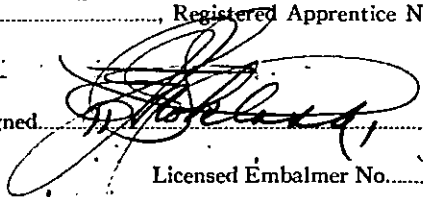
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DISTRICT HEALTH OFFICE
Cameron, Mo.

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, of/by.....

Eddie J. Stoklass....., Registered Apprentice No.....
working under my personal supervision.

Signed .....

Licensed Embalmer No. 3602.....

P. O. Address Cainsville, Missouri.....

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.