

Registration District No. 3

Primary Registration District No. 6225

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Bernson
(b) City or town SHIP Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months 6 days
In this community 5 months 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry 108
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. no years.

3. (a) PRINT FULL NAME WILLIAM T. BOGGESS

3. (b) If veteran, name war L 3. (c) Social Security No. V

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 29 - 1899
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Cassidanna Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business
12. Name Joel Boggess
13. Birthplace Barry Mo
(City, town, or county) (State or foreign country)
14. Maiden name W. Boggess
15. Birthplace Barry Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereon 3-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cemetery

18. (a) Signature of funeral director Edw. J. Boggess

(b) Address Nevada, Mo.

19. (a) 3-31-47 (b) W. Boggess
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1947 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from 10-18-46
1946, to 3-26-47, 1947
that I last saw him alive on March 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia bronchial

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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? no (Specify type of place) (e) Means of injury no

23. Signature W. Boggess (M. D. or other) no
Address Nevada, Mo. Date signed 3-26-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 71
3-47-38
District File Number 4-8-47
Date Filed

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 Vnd.
....., Registered Apprentice No.
working under my personal supervision.

Signed Mark G. Geringer
Licensed Embalmer No. 2656
P. O. Address Nevada, 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, above space should be left blank.