

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

26738

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 228

Registration District No. 38 Primary Registration District No. 3006

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution:
Court House yard 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Billie Maud Boggs
3. (b) If veteran, name war x x
3. (c) Social Security No. x x

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 22
year 1947 hour 11 minute 30 AM
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced m /
6. (b) Name of husband or wife Tyra Boggs
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 20 1885
(Month) (Day) (Year)

Immediate cause of death Unknown
Due to Believed to be heart disease
Due to _____
Duration _____

8. AGE: Years Months Days If less than one day
61 8 2 _____hr. _____min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____
12. Name Jack Wood
13. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Aranda Stewart
15. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Leicester Boggs
(b) Address Columbia R. 3

17. (a) Burial (b) Date thereof Aug 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valley Springs

18. (a) Signature of funeral director R. Currier
(b) Address Columbia Mo

19. (a) 8-26-47 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature J. Ward Arner
Address Columbia Mo Date signed 8/22/47
(M. D. or other)

~~9-3-47~~ Date Filed

----- District File Number -----

----- No. 9, -----

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, -----

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

Signed

Lyman H. Sprinkle

Licensed Embalmer No.

4013

P. O. Address

Columbia, 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.