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M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35174**

**FILED OCT 22 '53**  
Registration District No. **2 543**

Primary Registration District No. **58-77-4387**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Oregon  
 (b) City or town Alton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 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 Lifetime  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Oregon **75**  
 (c) City or town Alton **0**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Joe Borden Boze  
 3. (b) If veteran, name war World War II  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Aug. day 7  
 year 1947 hour 4 minute 00 P. M.  
**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 Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 3 1921  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
26 2 4 hr. \_\_\_\_\_ min.

Immediate cause of death  
Internal Injury, Pleurisy and Pulmonary Cavities  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Alton Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farming

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.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Luke Boze  
 13. Birthplace Dade County Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Duncan  
 15. Birthplace Alton Missouri  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Luke Boze  
 (b) Address Alton, Mo.  
 17. (a) Burial (b) Date thereof 8/10/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Norman Cemetery  
 18. (a) Signature of funeral director John Carter  
 (b) Address Thayer, Mo.  
 19. (a) 9/23/47 (b) Mrs. W. Johnson  
(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) Accident  
 (b) Date of occurrence Aug 7 - 1947 **75**  
 (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 Ray Case  
(M.D. or other)  
 Address Thayer, Mo. Date signed 8-9-47  
turned over

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

RECEIVED

District

District

1047560

Date Filed

10-17-47

NOV 8 1947

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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**