. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

40609

State File No.

Registration District No. FILED DEC 3 1947 3

Primary Registration District No. 3074

Registrar's No. 93

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Corner of N. West & Maude sts 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 Most all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston, Missouri 5 (If outside city or town limits, write "RURAL")

(d) Street No. ~~Gladys Street~~ 714 Dikes Ave 2 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME LOUIS E. BOARDMAN

3. (b) If veteran, name war No

3. (c) Social Security No. unknown

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 27, 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	23	hr. min.

9. Birthplace Englefield, Indiana 1 (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Thomas Boardman
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant son Edward Boardman
(b) Address Sikeston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Sikeston, Mo

18. (a) Signature of funeral director Orville Taylor
(b) Address Sikeston Mo

19. (a) 11-29-47 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1947 hour 5 minute 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.

Immediate cause of death Crushed chest Rt Ear tornoff scalp wounds.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 100

(b) Date of occurrence Nov 20, 1947

(c) Where did injury occur? Sikeston (City or town) Scott (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - Street (Specify type of place)

While at work? Yes (e) Means of injury hit by Truck

23. Signature Orville Taylor (M. D. or other) Coroner

Address Sikeston, Mo Date signed Nov 22, 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1241-1516
Date Filed 12-1-47

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 James M Scott

Licensed Embalmer No. 4350

P. O. Address East Livermore, Me

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.