

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

2-43  
7-39  
X36671

FILED APR 29 1948

State File No. 11493

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 113

1. PLACE OF DEATH:

(a) County... Bryan

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

(c) Name of hospital or institution:  
Ellis Fischel State Cancer Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 1 month 12 days  
(Specify whether)

In this community...  
years, months or days

3. (a) PRINT FULL NAME Booth, Mabel Clair

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

4. Sex... <u>Female</u>	5. Color or race... <u>W</u>	6. (a) Single, widowed, married, divorced... <u>Married</u>
6. (b) Name of husband or wife... <u>Joseph J. Booth</u>	6. (c) Age of husband or wife if alive... <u>79</u> years	
7. Birth date of deceased... <u>4-6-77</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>9</u>	hr. min.

9. Birthplace... Ray County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation... Housewife

MOTHER FATHER

11. Industry or business...

12. Name... Joseph Burk

13. Birthplace... Near Culpeper, Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name... Ella Brown

15. Birthplace... Near Culpeper, Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mr. Joseph Booth

(b) Address... 915 E. Main St. Richmond Mo.

17. (a) Removal (b) Date thereof... April 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Richmond Mo.

18. (a) Signature of funeral director... Thomas General Home

(b) Address... 627 E. Main Richmond Mo.

19. (a) 4-19-48 (b) Mrs R.E. Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Ray 89

(c) City or town... Richmond Mo 1  
(If outside city or town limits, write "RURAL")

(d) Street No... 915 E. Main St. 1  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1948 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3/3/48  
19... to 4/15/48 19...  
that I last saw her alive on 4/15/48 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic Lymphatic Leukemia Duration 10 mo.

Due to...  
Due to...  
Other conditions... (Include pregnancy within 3 months of death)

Major findings:  
Of operations...  
Of autopsy... 740

PHYSICIAN  
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?  
(Specify type of place)

While at work? (c) Means of injury... 0

23. Signature... C. A. Mc Lee (M. D. or other)  
Address... Ellis Fischel State Cancer Hospital Date signed 4/15/48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed APR 28 1948

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.....

*William L. Thurman*

Registered Apprentice No. *65*

working under my personal supervision.

Signed.....

*W. L. Thurman*

Licensed Embalmer No. *2073*

P. O. Address: *Richmond, 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.**