S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13714

Registration District No. 294 Primary Registration District No. 6050 Registrar's No. 122

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Sugar Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pleasant View Home
(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 Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 116 So 6th St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME William F Boatman
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Addie 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 14th (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	1	12	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name Samuel Boatman
13. Birthplace ..... (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Martha Green
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Addie E Boatman
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette, Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) Apl 26-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apl day 24th year 1948 hour 11 minute 15 a M.
21. I hereby certify that I attended the deceased from Jan 1, 1948, to April 24 1948 that I last saw him alive on April 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Ch.	6 mo
Due to Carcinoma pontile pelvic bones & lungs	2 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) .....
(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? ..... (e) Means of injury .....
23. Signature H. Griffiths (M. D. or other)
Address Moberly Date signed 4-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.