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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 24 1948

Registration District No. 385

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16885

Primary Registration District No. 3039

Registrar's No. 170

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

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: St Francis (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Marceline Rural (If outside city or town limits, write "RURAL")

(d) Street No. 5 miles S.E. Marceline (If rural, give location)

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

If yes, name country

21
0
0
1

3. (a) PRINT FULL NAME Max Rudell Boone

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 11 (Day) 1932 (Year)

8. AGE: Years 15 Months 10 Days 14 If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Roly Boone
13. Birthplace Marceline (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lillie Ommen
15. Birthplace New Cambria (City, town, or county) Mo (State or foreign country)

16. (a) Informant Roly Boone
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo

19. (a) 4-29-1948 (Date received local registrar) (b) Mary Jane Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from April 25, 1948, to April 27, 1948; that I last saw him alive on April 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis

Due to ruptured viscus

Due to Auto accident (blast injury)

Other conditions fracture Rt humerus (Include pregnancy within 3 months of death) Contusion Rt Shoulder

Major findings:
Of operations
Of autopsy

Duration

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) accident

(b) Date of occurrence April 25, 1948 21

(c) Where did injury occur? Chariton (City or town) Mo. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on gravel road (Specify type of place)

While at work? no (e) Means of injury Automobile

23. Signature P.A. Ottman (M. D. or other) M.D.

Address Marceline, Mo. Date signed 4/29/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....Dale Bunch.....

Licensed Embalmer No. 4088

P. O. Address Marceline 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.