

FILED AUG 7 1948

Registration District No. 210

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23585

Primary Registration District No. 4322

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Mercer
 (b) City or town Princeton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Arkell Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 55-11-21 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lena Opal Boatman

3. (b) If veteran,

name was

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife B.L. Boatman 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased July 31 1892 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 11 21 hr. min.

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

10. Usual occupation Hom. Wife

11. Industry or business

12. Name A.A. Covey
 13. Birthplace Mercer Co. Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Mary Coon
 15. Birthplace Mercer Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant B.L. Boatman

(b) Address Princeton Mo.

17. (a) Burial (b) Date thereof July 25 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Coon's Merc Co Mo.

18. (a) Signature of funeral director School of Funeral Home

(b) Address Spickard Mo.

19. (a) 7-28-48 (b) 27.9-1948 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1948 hour 4 minute 15 p.m.

21. I hereby certify that I attended the deceased from Jan 1940, to 7/22 1948, that I last saw him alive on 7/22 1948, and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 24 hrs.

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death) 56B

Major findings: fibroid uterus removed
 Of operations 7/21/48
 Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury 2

23. Signature W. W. Moore (M. D. or other)
 Address Barri, Mo. Date signed 7/23/48

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..... *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.