

No. 4  
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5-17-39  
X37823

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

FILED DEC 20 1948

Registration District No. **479**

Primary Registration District No. **5-175-**

Registrar's No. **16**

**1. PLACE OF DEATH:**

(a) County Camden

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

(c) Name of hospital or institution: Frank Davis Home Route 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution day 1 (Specify whether years, months or days)

In this community 1 year

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Camden

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

(d) Street No. R.F.D. 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Emmett Wilson Boggs

3. (b) If veteran, world war 1 name war yes

3. (c) Social Security No. 507-003-4590

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 9 year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Dec 9 1948 to Dec 9 1948 that I last saw him alive on Dec 9 1948 and that death occurred on the date and hour stated above.

4. Sex male Color or race whit

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

6. (b) Name of husband or wife Inez Rishel Boggs

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased: May 9 1899  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Duration Sudden

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>4</u>	<u>7</u>	hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Omaha Neb  
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician + Saw Miller

11. Industry or business Retired + farming

MOTHER FATHER

12. Name Walter Boggs

13. Birthplace Natural Bridge Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Chapin

15. Birthplace North Bend Neb.  
(City, town, or county) (State or foreign country)

Major findings: None

Of operations \_\_\_\_\_

Of autopsy No Autopsy

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant Inez Boggs

(b) Address Maechs Creek R2 MO.

17. (a) Removed & Buried Date thereof Dec 10-48  
(Date, location, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha Neb

18. (a) Signature of funeral director Prossy R. Ruppel

(b) Address Omaha Neb

19. (a) 12-10-48 (Date received local registrar)

J. J. Imerson (Registrar's signature)

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)

(e) Means of injury \_\_\_\_\_

23. Signature E. E. Chubb (M. D. or other) MD

Address Camden Mo. Date signed 12-10-48

**RECEIVED**

District Health Officer No. 71

District File Number 11-48-1446

Date Filed 12-15-48

JAN 4 1949

**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 *Abbie Banks Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Camden, Md.*

**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.