

FILED JAN 10 1949
Registration District No. **22**

Primary Registration District No. **5239**

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

1. PLACE OF DEATH:
(a) County **CEDAR**
(b) City or town **RURAL LINN**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 YRS.** (Specify whether years, months or days)
In this community **40 YRS.**

3. (a) PRINT FULL NAME **FLORA ISABELLE BOOHER**
3. (b) If veteran, name was **_____**
3. (c) Social Security No. **_____**

4. Sex **F** 5. Color or race **W**
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 **NOVEMBER 25 1881**
(Month) (Day) (Year)

8. AGE: Years **67** Months **0** Days **17** If less than one day **_____** hr. **_____** min.

9. Birthplace **EXCELSIOR WISCONSIN**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **_____**

12. Name **JOHN BOOHER**
13. Birthplace **DAYTON OHIO**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY ROBINSON**
15. Birthplace **INDIANA**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. W. BOOHER**
(b) Address **JEFFERSON SPRING MO**

17. (a) **BURIAL** (b) Date thereof **12-13-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **OMER CEMETERY**

18. (a) Signature of funeral director **J. A. Cantlon**
(b) Address **Stockton MO**

19. (a) **12-31-48** (b) **Geneva Garrison**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **CEDAR**
(c) City or town **RURAL LINN**
(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 **DEC** day **12** year **1948** hour **4** minute **20 A** M.
21. I hereby certify that I attended the deceased from **Nov. 2** to **Dec. 12** 19 **48**
that I last saw him alive on **Dec. 11** 19 **48**
and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral Embolism**
Duration **_____**

Due to **_____**
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 **Jefferson Spring MO** (M. D. or other) **12-13-48**
Address **_____** Date signed **12-13-48**

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1553

Date Filed 1-7-49

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 _____

James L. Hentz Registered Apprentice No. 257
working under my personal supervision.

Signed _____

Licensed Embalmer No. 4387

P. O. Address Stacton, 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.