N FILED JAN 16	· TURE		LTH OF MISSOUI CATE OF DEA	TLI	42	453
BIRTH NO	REG. DIST. N		RIMARY REG. DIST.		te File No	→No
I. PLACE OF DEATH a. COUNTY Gentr				NCE (Where decreased		enidence befor
b. CITY (II outside corpurate OR		c. LENGTH OF STAY (in this place)	c. CITY (If outside corp	coper To	and give township)	30
d. FULL NAME OF (If not HOSPITAL OR INSTITUTION	in hospital or institution, give street	address or location)	d. STREET ADDRESS Dar	(If rural, give location) Lington, N	lo. R.F.D.	٩
3. NAME OF B. (F		Middle)	c. (Last)	4. DATE OF DEATH	(Month) (Day) 12-26-48	(Year)
	R OR RACE   7. MARRIED, NE	COW VER MARRIED. (ORCED (Specify)	Boley 8. DATE OF BIRTH April 9 1	9. AGE (In a	PER S YEAR	F there is his.
10a. USUAL OCCUPATION (GR	vekind of work 10b. KIND OF B	USINESS OR IN-	11. BIRTHPLACE (State of	<del></del>	/ 12. CITI	ZEN OF WHAT
3a. FATHER'S NAME	136. мо	THER'S MAIDEN		14. NAME OF HUSBA		
Ben Boley  15. WAS DECEASED EVER IN (Yee, no. or unknown) (If yee, nt)	U.S. ARMED FORCES?   16. SO	IS FORE	77. INFORMANT'S Mrs. Clar		NAME Darlingto	oddress
18 CAUSE OF DEATH	SEASE OR CONDITION ECTLY LEADING TO DEATH*(a)	MEDICAL CE	ertification Leed	Leuh,	INTER	AND DEATH
the mode of dying, such Mo	TECEDENT CAUSES  rold conditions, if any, giving DU to the above cause (a) stating underlying cause last.  DU	E TO (b) <u>l</u> e	verexe	Jay	er Cill	<del> </del> 
tion which caused death.   11. C	caused death.  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERA- 19b.	MAJOR FINDINGS OF OPERAT	ION	0	· · · · · · · · · · · · · · · · · · ·	YES	TOPSY?
21a. ACCIDENT (8)	21b. PLACE OF INJU home, farm, factory, st		21c. (CITY, TOWN, OR T	TOWNSHIP)		STATE) WG
21d. TIME (Month) (Da OF INJURY / 2 - Y	7) (Year) (Hour) 2te. INJU 6-485; 45m. P WHILE AT WORK	JRY OCCURRED NOT WHILE	211. HOW DID TUJURY	OCCURT COOL	edento	
22. I hereby certify that i	attended the deceased from	•	5 19 8, to	e causes and on th	, that I last saw to date stated above	
230 SIGNATURE	and do Gentus	(Degree or title)	236. ADDRESS	ty.	1/-	ATE SIGNED
TION OFHOMAL	1	ME OF CEMETERY	or CREMATORY   2	Gentry Co		(State)
	GISTRAR'S SIGNATURE	tation	25. FUNERAL DIRECT	Burla	Albany	, Mo
	(Lice	nsed Embalmer's St	atement of Reverse Side	1)		

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 me
	Student Embalmer No
vorking under my personal supervision.	
Student	Signed Lefter During Licensed Embalmer No. 3329
Student Embalmer	Licensed Embalmer No. 3329
	P. O. Address Albany, Mo.
Note: The above MUST BE SIGNED BY THE LICE	NSED 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.