

OCT 18 1940

STANDARD CERTIFICATE OF DEATH

State File No. 31967

Registration District No. 404

Primary Registration District No. 5415

Registrar's No. 11

1. PLACE OF DEATH:

- (a) County Franklin
(b) City or town Boone Township, Gerald-BR#2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 76 yrs 4 mo 7 days

3. (a) PRINT FULL NAME MARY M. BOSTON

3. (b) If veteran, X name war X
3. (c) Social Security No. X

4. Sex Female 5. Color or race White
6. (a) Name of husband or wife George W Boston
6. (c) Age of husband or wife if alive 30 years (Day) (Year)
7. Birth date of deceased April 30 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 7
If less than one day hr. min.

9. Birthplace Franklin Co Ind 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

- MOTHER FATHER
12. Name Luba Rogers
13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Marguerite Greenstreet
15. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Le Clair
(b) Address St Louis

17. (a) Burial (b) Date thereof 9-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Beaumont Cemetery

18. (a) Signature of funeral director Gerald P. Schmidt

- (b) Address Gerald P. Schmidt

19. (a) 9-10-40 (b) Charles A. Schmidt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Boone T.P.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1940 hour 7:10 minute P M.

21. I hereby certify that I attended the deceased from July 1937 to Sept 7 1940
that I last saw him alive on Sept 7 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Myocardial Failure Duration 1 wk

- Due to Hypertensive Cardia - Vascular renal disease
Due to

- Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

- Major findings: Of operations None 131
Of autopsy None

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)
(e) Means of injury

23. Signature Charles A. Schmidt (M. D. or other)
*Address Gerald P. Schmidt Date signed 9-10-40

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 _____

Robert M. Murray

Licensed Embalmer No. _____

3749

P. O. Address _____

Greensville, Va

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, above space should be left blank.