

No. 2
12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8777
Registrar's No. 66

FILED MAR 26 1947

Registration District No. 137 Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton mo
(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 _____
(Specify whether)
 In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
 (c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 581 South 2nd
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME ROYAL WILBUR BOOTH
 3. (b) If veteran, name war World War #1
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
 year 1947 hour 5 minute 15 P. M.
 21. I hereby certify that I attended the deceased from
March 17, 1947, to March 19, 1947
 that I last saw him alive on March 19, 1947,
 and that death occurred on the date and hour stated above.

4. Sex M Color W
 5. Color or race W
 6. (a) Single, widowed, married, divorced mar
 6. (b) Name of husband or wife Fredia Booth
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased Mar 31 1895
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Thrombosis
 Due to _____
 Duration immediate
 Due to _____

8. AGE: Years 51 Months 11 Days 20
 If less than one day _____ hr. _____ min.

Other conditions Chronic Nephritis with
(include pregnancy within 3 months of death)
acute anemia
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace Michigan
(City, town, or county) (State or foreign country)
 10. Usual occupation Hatchery Business
 11. Industry or business _____
 12. Name Freemont Booth
 13. Birthplace Ind
(City, town, or county) (State or foreign country)
 14. Maiden name Aura Gates
 15. Birthplace Wis
(City, town, or county) (State or foreign country)
 16. (a) Informant Fredia Booth
 (b) Address Clinton mo
 17. (a) Burial (b) Date thereof 3/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation England
 18. (a) Signature of funeral director Consolidated
 (b) Address Clinton mo
 19. (a) 3-21-47 (b) R.R. Kerney
(Date received local registrar) (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?

(Specify type of place), 1
 While at work? _____ (e) Means of injury _____
 23. Signature R.P. Hallenquardt M.D.
(M.D. or other)
 Address Clinton Mo Date signed 3/20/47

MAY 2 1947

APR 12 1948

Date Filed
District File Number 3-25-47
District Health Officer No. 7,
8-47-317

RECEIVED

OCT 15 1952

MAY 18 1948

JAN 18 1951

OCT 31 1952

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

J E Comolux

Licensed Embalmer No. 1891

P. O. Address. *Clinton*

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.