No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29301

Registration District No. 656 Primary Registration District No. 6281 Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot Co.
(b) City or town Hermondale Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No Hollow
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether)
In this community 17 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pemiscot
(c) City or town Hermondale Mo
(If outside city or town limits, write "RURAL")
(d) Street No. No
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME DORA BOOSE
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Widowed
6. (c) Age of husband or wife if alive No years
7. Birth date of deceased May (Month) 12 (Day) 1892 (Year)

8. AGE: Years 48 Months 3 Days 26 If less than one day hr. min.
9. Birthplace Mississippi Sardis (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farmer
FATHER
12. Name Unknown
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Todd
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Corrine Dickerson
(b) Address Steel Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof Sept 9 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Puxico Mo
18. (a) Signature of funeral director Teasley & Cobb
(b) Address Blythilley Ave.
19. (a) 9-12-1940 (Date received local registrar) Tom Brigance (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 1940
year 1940 hour 9-15 minute A.M. M.
21. I hereby certify that I attended the deceased from Sept 1 1940, 19 to Sept 8 1940, 19
that I last saw her alive on Sept 6 40, 19
and that death occurred on the date and hour stated above.

Immediate cause of death General Cancerosis Caused from Cirrhosis of Liver
Due to D.K.
Due to D.K.
Other conditions 0
(Include pregnancy within 3 months of death)
Major findings: ~~Of operations~~ Nodular Liver enlarge & Jaundice
Of autopsy None

Duration

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? 5 00 (Specify type of place)
While at work? (e) Means of injury
23. Signature D. C. McLean (M. D. or other)
Address Holland Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

9-40-33

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-

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wilbur F. Cobb

Licensed Embalmer No. 409

P. O. Address Blytheville Ark

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.