

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32827

Registration District No. 668

Primary Registration District No. 30325889

Registrar's No. 303

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Rural Sedalia Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R.F.D. # 2.  
(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)

3. (a) PRINT FULL NAME James M. Boone

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katheryne Boone 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. 27 1894  
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chillicothe Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John D. Boone

13. Birthplace Chillicothe Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Maria Turner

15. Birthplace Chillicothe Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jas. M. Boone

(b) Address Sedalia, Mo. R.F.D. # 2.

17. (a) Burial (b) Date thereof 9/18/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home  
(b) Address Sedalia, Mo.

19. (a) 9-18-40 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Sedalia R.F.D. # 2.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 16  
year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from As Coroner, West only, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by firearms

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 167  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 9-16-40  
(c) Where did injury occur? Sedalia Pettis Mo.  
(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) (or) Means of injury Shot  
23. Signature Conner & Pettis Co (M. D. or other) 5/16  
Address Conner & Pettis Co Date signed 9-16-40

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-11-40

**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 L. E. Boulton

Licensed Embalmer No. 3867

P. O. Address Sealvin 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; above space should be left blank.**