

No. 2
-1-4-41
5-17-28
1 x

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24957

State File No.

FILED AUG 11 1941 243
Registration District No. 243

Primary Registration District No. 6-3-96

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Rural Jackson Twp
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ELKLAND MO
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

03000

3. (a) PRINT FULL NAME

Fred A. Boatz

(b) If veteran, name war

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Elsie Boatz
(c) Age of husband or wife if alive..... years
7. Birth date of deceased. 12 11 1896
(Month) (Day) (Year)

Immediate cause of death
KILLED BY LIGHTNING
WHILE SAWING DOWN A TREE
Duration

8. AGE: Years Months Days If less than one day
54 6 12 hr. min.

9. Birthplace Stearns Co. Minn
(City, town, or county) (State or foreign country)

10. Usual occupation Wood cutter

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER
12. Name O. D. Boatz
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

16. (a) Informant Elsie Boatz
(b) Address ELKLAND MO
17. (a) Burial (b) Date thereof 6-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Charity Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) LIGHTNING
(b) Date of occurrence 6-23-41
(c) Where did injury occur? ELKLAND DALLAS MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
IN WOODS

18. (a) Signature of funeral director L. B. Jones
(b) Address BUFFALO MO
19. (a) 7-8-41 (b) W. H. Sherman
(Date received local registrar) (Registrar's signature)

While at work? yes (Specify type of place) (c) Means of injury
23. Signature Herbert Nescott
(City or town) (County) (State)
Address Buffalo, Mo. Date signed 7-5-41

220 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7.

District File Number

8-41-1257

Date Filed

8-7-41

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

Clyde Montgomery

Licensed Embalmer No.

3592

P. O. Address

Buffalo 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, fact should be so stated above.