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7-39  
23159  
4

FILED AUG 29 1941

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Andrain

(b) City or town Mexico

(c) Name of hospital or institution: Andrain County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital, or institution Three months other \_\_\_\_\_

In this community Three months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain

(c) City or town Mexico  
(If outside city or town limits, write "RURAL")

(d) Street No. 103 S. Western  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BOZ A. ROSS BOOKER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ara Bell Booker

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept 6 1879  
(Month) (Day) (Year)

8. AGE: Years 61 ~~62~~ Months 10 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cold Spring Tex - 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

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

MOTHER FATHER { 12. Name Chas Booker

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Shaper

15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. R. Booker

(b) Address 103 S. Western

17. (a) Andrain (b) Date thereof 7-21-41  
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Russel Olyford

(b) Address 1100 W Cooper Street

19. (a) July 21-1941 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17  
year 1941 hour 10 minute 25 P M.

21. I hereby certify that I attended the deceased from 4-20-41  
\_\_\_\_\_, 19\_\_\_\_, to 7-17 \_\_\_\_\_, 1941.

that I last saw him alive on 7-17 \_\_\_\_\_, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Abstruction Duration ?

Due to Diaphragmatic hernia

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

Other conditions myocarditis chronic  
(Include pregnancy within 3 months of death)

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

Of autopsy: 1220? Hernia of Diaphragm

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 A. J. Pector (M. D. or other) MD

Address Mexico, Mo Date signed 7-18-41

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

RECEIVED

District Health Officer No. 10

District File Number 8-41-1543

Date Filed AUG 20 1941

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

Rice Alexander, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Rice Alexander

Licensed Embalmer No. 3572

P. O. Address Sedalia 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.