

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35100**

Registration District No. **959**

Primary Registration District No. **42+2 5504** Registrar's No. **Lo**

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

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Weaubleau, Mo. Rural
(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..... (Specify whether)

In this community 1 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory **043**

(c) City or town Weaubleau Rural **4**
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME Emma Hill Boone

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

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1941 hour 2 minute 30 M. **P**

4. Sex fm 5. Color of hair whit

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

6. (b) Name of husband or wife Wm Boone

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

7. Birth date of deceased Febr 18 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1935 to Oct-10- 1941;

that I last saw her alive on Sept-10- 1941;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 7 22 hr. min.

Immediate cause of death Chronic Myocarditis

Duration Several years

9. Birthplace Lenoir N. C.
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

MOTHER FATHER

12. Name Wm Monroe Pruett

13. Birthplace N. C.
(City, town, or county) (State or foreign country)

14. Maiden name Eveland Wilson

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

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.....

16. (a) Informant Geo. Boone

(b) Address Weaubleau, Mo.

17. (a) burial (b) Date thereof 10/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheatland Cem

18. (a) Signature of funeral director JR Luckey

(b) Address Wheatland Mo

19. (a) Nov 1 (b) Lura O'Quinn
(Date received local registrar) (Registrar's signature)

23. Signature A. S. Johnston (M. D. or other) **0**

Address Wheatland Mo Date signed 10-11-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1864

Date Filed 11-12-41

JUL 28 1942

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. K. Lacey
Licensed Embalmer No. 5982
P. O. Address Wheatland W.

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.