

S. No. 2  
-1-4-41  
5-17-39  
PI X26399

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6432

State File No. ....

Registration District No. 1942

Primary Registration District No. 3015

Registrar's No. 26-

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dr. Alex Van Ravenswaay Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Months.  
(Specify whether  
In this community All of life.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27  
(c) City or town Boonville 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 315 E. High St. 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Hattie L. Michels.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
(b) Name of husband or wife. Henry W. Michels. 6. (c) Age of husband or wife if alive. 60 years  
7. Birth date of deceased. August 28<sup>th</sup> 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 5 13 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business At Home.

12. Name R. W. Whitlow.

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

14. Maiden name Hattie L. Rochester.

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

16. (a) Informant H. W. Michels.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Feb. 11<sup>th</sup> /43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Baller  
(b) Address Boonville, Mo.

19. (a) 2-10-43 (b) Dr. Chas. Frank  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9<sup>th</sup>  
year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 8  
1942 to Feb. 9 1943  
that I last saw her alive on Feb. 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Ca of liver metastasis. Duration \_\_\_\_\_

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

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

Other conditions: 46 f  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) While at work? (e) Means of injury \_\_\_\_\_

23. Signature Hubsey N. Welch (M. D. or \_\_\_\_\_) D

Address Boonville, Mo. Date signed 2-10-43

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

27  
1  
2

MOTHER FATHER

1088

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-11-42

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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 G. J. Roller  
Licensed Embalmer No. 3069  
P. O. Address Boonville, 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.