V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20659
State File No. 352

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 615

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1823 N 2nd St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 month (Specify whether years, months or days) In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL") 1
(d) Street No.: 104½ North 2nd St (If rural, give location) 7
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Green Boner
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: widower 2
6. (b) Name of husband or wife: Laura
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September 4, 1860 (Month) (Day) (Year)
8. AGE: Years 81 Months 9 Days 18 If less than one day: hr. min.
9. Birthplace: Gentry County, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
MOTHER 15. Birthplace: unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Social Security Records
(b) Address: Patee Hall, City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery
18. (a) Signature of funeral director: Tracy Barry Funeral
(b) Address: 218 South 10th St
19. (a) 6-26-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1942 hour 3 minute P M.
21. I hereby certify that I attended the deceased from May 25, 1942 to June 10, 1942 that I last saw him alive on June 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Dementia	3 yrs
Due to: Arteriosclerosis	10 yrs
Due to:	
Other conditions (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: Charles H. Werner (M. D. or other)
Address: 221 Kirkpatrick Bldg Date signed: 6-25-1942

1235 (Licensed Embalmer's Statement on Reverse Side)

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.