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

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town De Soto Rural (Vale)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural - 1 De Soto, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 81 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME ANNE BOOTHE

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 single
6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 6 1861 (Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson Co. Mo. A (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Robert M. Boothe
13. Birthplace Liverpool England (City, town, or county) (State or foreign country)
14. Maiden name Jefferson
15. Birthplace Jefferson Co. Mo. A (City, town, or county) (State or foreign country)

16. (a) Informant Ada Lammore
(b) Address R. 1 De Soto Missouri

17. (a) Burial (b) Date thereof Aug 28 1942 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation De Soto No 1st St

18. (a) Signature of funeral director Samuel B. Deibel
(b) Address De Soto Mo.

19. (a) 9-1-42 (b) Fern Spencer (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 26 year 1942 hour 04 minute 0 M.
21. I hereby certify that I attended the deceased from Aug 24th 1942 to Aug 26 1942
that I last saw her alive on aug 24 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 da
Due to Severe Influenza 2 da
Due to Chronic fibrinous P.B. 10 yrs.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 128 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 F.A. Elder (M. D. or other) MD
Address De Soto Mo Date signed 8/27/42

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..... *Arnold B. Dietrich*.....
Licensed Embalmer No. *4104*.....
P. O. Address..... *Delato 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.