S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33311

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 320

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1310 Mill St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12 7
(c) City or town Poplar Bluff Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 Mill St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Un Named. Boring

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Infant 0

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

7. Birth date of deceased 10 - (Month) 3 (Day) 42 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. min.

9. Birthplace Poplar Bluff (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Wayne Eugene Boring
13. Birthplace Malay Tenway 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mabel Clara Hawke
15. Birthplace Delton Wis 1 (City, town, or county) (State or foreign country)

16. (a) Informant Wayne E Boring
(b) Address Poplar Bluff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Current Chapel Cem

18. (a) Signature of funeral director Family
(b) Address

19. (a) 10-6-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Sept~~ Oct day 3 year 42 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from 10-3, 1942, to 10-3, 1942 that I last saw him alive on 10-3-42 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Premature delivery 5 mo -

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 15 19

Major findings:
Of operations
Of autopsy no

Duration

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 C. F. Brookmeier M.D. (M. D. or other)
Address Poplar Bluff Date signed 10-3-42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 11-42-1338
Date Filed 11-2-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.