

X25390

FILED JUN 8 1948 42

Primary Registration District No. 1001/800

Registrar's No. 538

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 23 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe /1
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 Mc Nelly /1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) /7
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW MARTIN BOGGS

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

4. Sex male 5. Color or race white 6. (a) Single widowed, married, divorced _____

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

7. Birth date of deceased Dec 26 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>4</u>	<u>2</u>	hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henderson Boggs

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

14. Maiden name _____

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Friends State Hospital #2

(b) Address St Joseph, Missouri

17. (a) burial (b) Date thereof Apr-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe, Missouri

18. (a) Signature of funeral director William W. Barkley

(b) Address St Joseph, Mo

19. (a) 4-30-43 (b) Rose Stogoz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28
year 1948 hour 3 minute 40 PM
21. I hereby certify that I attended the deceased from 4-28
_____ 1948 to 4-28 1943
that I last saw him alive on 4-28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Duration unknown

Due to Arteriosclerosis unknown

Due to _____

Other conditions Senile Psychosis /1941
(Include pregnancy within 3 months of death)
PHYSICIAN _____
Major findings: _____
Of operations: _____
Of autopsy: _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Dwight Bashaw (M. D.)
Address St Joseph #2 Date signed 4-28 1948

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

MOTHER FATHER

1233

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.....

W. Hawkins

Licensed Embalmer No. *3498*

P. O. Address *Hawkins, 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.