No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 19[redacted]

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

27684

State File No.

Registrar's No. 855

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 306 Smith Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 306 Smith Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Wesley Leon Booe
3. (b) If veteran, name war:
3. (c) Social Security No.: NONE
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 27, (Day) 1943 (Year)

8. AGE: Years 0 | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace: St. Joseph, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: NONE
11. Industry or business:
FATHER
12. Name: Unknown Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Thelma June Booe
15. Birthplace: St. Joseph, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Edna Butterfield,
(b) Address: 306 Smith Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery
18. (a) Signature of funeral director: Mrs. E. R. Siedenfaden
(b) Address: 602 So. 10th Street
19. (a) 7-28-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1943 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7-27, 1943, to 7-28, 1943, that I last saw him alive on 7-28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Skull fracture and concussion — Duration: from birth
Due to: Baby fell on cement floor at birth
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): 131
(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: E. J. Gross (M. D. or other)
Address: 5008 King Hill St. Joseph, Mo. Date signed 7-28-43

(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 Mollie E. Sidenfaden Fo

Licensed Embalmer No. 4235

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.