

FILED DEC 13 1940

Registration District No. 23

Primary Registration District No. 4208

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Cainsville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community All life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Cainsville  
(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 Jennie Maude Booth

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife M. E. Booth

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 2nd 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66	4	27	hr. min.
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9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Wm Lawson Oliphant

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

14. Maiden name Manda Pauline Gray

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

16. (a) Informant M. E. Booth

(b) Address Cainsville, Missouri.

17. (a) Burial (b) Date thereof Nov. 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklawn Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Cainsville, Missouri.

19. (a) Nov. 2-1940 (b) S. P. Shaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th  
year 1944 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 1933 to Oct 29 1944  
that I last saw her alive on Oct 29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Coronary

Due to Chronic Atherosclerosis of Coronary Arteries  
Sclerosis several Arteries

Due to of them during past 9 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 31

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or Chf.)  
Address Cainsville, Missouri Date signed 10/30/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4100

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**STATEMENT BY LICENSED EMBALMER**

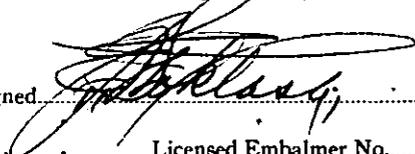
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or *by*.....

Eddie J. Stoklasa.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 5602.....

P. O. Address Cainsville, Missouri.....

**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.**