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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5210**
Registrar's No. **138**

Registration District No. **122**

Primary Registration District No. **2000**

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1849 N Rogers
(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 Missouri (b) County Greene **39**
 (c) City or town Springfield **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1849 N. Rogers **6**
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME George Boone
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
 6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive XY years
 7. Birth date of deceased UNK. UNK. 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months UNK. Days UNK. If less than one day hr. min.

9. Birthplace Unknown Ky. /
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

11. Industry or business.....
 12. Name Unknown
 13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. S. Pruitt
 (b) Address 1844 N Rogers, Spfd. Mo.
 17. (a) Burial (b) Date thereof 2-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green; Lawn

18. (a) Signature of funeral director J. W. Klingner & Co.
 (b) Address Springfield Mo.
 19. (a) 2-9-46 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 8
 year 1946 hour 2 minute 45 P.A.M.
 21. I hereby certify that I attended the deceased from Feb 9
 1946 to Feb 8 1946
 that I last saw him alive on Feb 8 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage Duration 4 hrs

Due to Unknown

Due to Unknown

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None / 18'3
 Of autopsy None
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?

While at work? ✓ (Specify type of place) (c) Means of injury 0
 23. Signature Wm H. Selsby M.D. or other M.D.
 Address Springfield Mo Date signed 2/9/46

111 / (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Max Rhodes

Licensed Embalmer No.

P. O. Address.....

4031 Springfield

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.**

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