

S. No. 2
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ev. 5-17-39
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15511

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED APR 30 1946
Registration District No. 366

Primary Registration District No. 4536

1. PLACE OF DEATH:
(a) County WASHINGTON
(b) City or town POTOSI
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO
In this community 70-0-0
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WASHINGTON
(c) City or town POTOSI
(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 MINNIE BOAS WOOD
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MCH day 12
year 1946 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JAN. 1 1876
(Month) (Day) (Year)

Immediate cause of death
Respiratory Paralysis
from cerebral
hemorrhage
Posterior part of
brain
Duration _____

8. AGE: Years Months Days If less than one day
70 2 11 hr. min.
9. Birthplace ARK-1
(City, town, or county) (State or foreign country)

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.

10. Usual occupation HOUSEWIFE
11. Industry or business _____
12. Name ROBERT J BOAS
13. Birthplace ST GENEVIEVE MO-0
(City, town, or county) (State or foreign country)
14. Maiden name REBECCA THOMPSON
15. Birthplace ARK-1
(City, town, or county) (State or foreign country)

16. (a) Informant MARPLE WOOD
(b) Address POTOSI MO
17. (a) BURIAL (b) Date thereof 3. 15 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation POTOSI MO
18. (a) Signature of funeral director Boys Funeral Home
(b) Address POTOSI MO
19. (a) Mar 15 46 (b) Mrs G.F. Pearsall
(Date received local registrar) (Registrar's signature)

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 0
23. Signature M. C. Cusick (M. D. or other) 4/14/46
Address Potosi MO Date signed _____

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

14409

RECEIVED

Health Officer No. 4
File Number 446-203
Filed 4-29-46

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.....

not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed..... *C. H. Boyer*

Licensed Embalmer No. 4158

P. O. Address Potosi 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.