

**FILED JUN 5 1946**

Registration District No. **328**

Primary Registration District No. **3073**

Registrar's No. **10**

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

1. PLACE OF DEATH:

(a) County Scott

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

(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 27 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 103

(c) City or town Chaffee 1  
(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 William Harry Boney

3. (b) If veteran, name war ✓

3. (c) Social Security No. 702-07-3744

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1946 hour 9 minute 45 AM.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Beryl Wilson Boney

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 18 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18 1946 to May 26 1946  
and that I last saw him alive on May 18 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months — Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Pulmonary Hemorrhage  
Due to Pulmonary Tuberculosis

9. Birthplace Johnson Co. Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Brokeman Frisco RR

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

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

MOTHER FATHER { 12. Name Benjamin Boney

13. Birthplace Johnson Co Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Vehera Kennan

15. Birthplace Johnson Co Ill  
(City, town, or county) (State or foreign country)

Major findings: 1946  
Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm H. A. Boney

(b) Address Chaffee, Mo.

17. (a) Burial (b) Date thereof 5-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Chaffee, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Bisplinghoff Funeral Home

(b) Address Chaffee, Mo.

19. (a) 5/28/46 (b) H. B. MacCreedy  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature J. G. Sample (M. D. or other) MO  
Address Chaffee, Mo. Date signed 5-28

RECEIVED

District Health Office No. 2

District File Number 646-658

Date Filed 6-3-46

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Mamie Birplinghoff*

Licensed Embalmer No. 3242

P. O. Address *Chaffee, 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.