

S. No. 2
M-5-43
7. 5-17-39
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26938

FILED SEP 3 4 1946

Primary Registration District No. 4208

Registrar's No.

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

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)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community All of Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cra Evermont Booth

3. (b) If veteran, name war Nil

3. (c) Social Security No. 495-07--0447

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Valda O. Booth

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 26 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>7</u>	<u>18</u>	hr. min.

9. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk in Grocery Store

11. Industry or business

12. Name George Washington Booth

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

14. Maiden name Ella Newton

15. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Valda O. Booth

(b) Address Cainsville, Missouri

17. (a) Burial (b) Date thereof 8-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Salawa Cemetery

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

(b) Address Cainsville, Missouri

19. (a) Aug. 17-46 (b) S. P. Shaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from June
1944 to August 14th 1946;
that I last saw him alive on August 14th 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 61

Duration

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)

(e) Means of injury

23. Signature [Signature] (M. D. number)

Address Cainsville, Missouri Date signed 8-15-46

FEB 26 1958

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

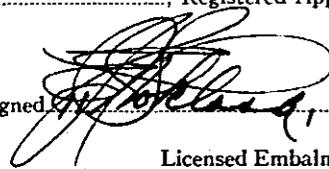
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~.....

E. J. Stoklasa

....., Registered Apprentice No.....

working under my personal supervision.

Signed by.....



Licensed Embalmer No..... 3602

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.