S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32741

FILED OCT 16 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1133

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years, In this community 8 months, 24 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 11

(c) City or town Cameron (If outside city or town limits, write "RURAL") 1

(d) Street No. (If rural, give location) 7 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ernest C. Boston

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cora Boston

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

7. Birth date of deceased June (Month) 8 (Day) 1872 (Year)

8. AGE: Years 74 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Clay Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Ben Boston

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

MOTHER 14. Maiden name Sarah Wolverton

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

16. (a) Informant Records State Hosp #2

(b) Address St Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Mo

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

(b) Address Cameron, Mo

19. (a) Oct. 9, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year 1946 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 31, 1941, to October 5, 1946 that I last saw him alive on Oct 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease	5 yrs.
Due to Arteriosclerosis	20 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 31A

Of autopsy arteriosclerosis; Perforation of duodenal ulcer

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 Delbert T. Johnson (M. D. or other) M.D.

Address State Hospital #2 Date signed 10/5/46 St Joseph, Mo.

54 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ will be embalmed by me, ~~or by~~ ....., ~~Registered Apprentice No.~~ ....., ~~working under my personal~~ supervision.

Signed C. O. Nelson

Licensed Embalmer No. 4421

P. O. Address Cameron, M

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.