

FILED DEC 31 1946

Registration District No. **322**

Primary Registration District No. **3071**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **Slater**

(c) Name of hospital or institution: **none**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**

In this community **all of life**

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline**

(c) City or town **Slater**

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **no**

If yes, name country _____

3. (a) PRINT FULL NAME **Robert Peter Van Booven**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **none**

3. (c) Social Security **709-10-9614**

20. DATE OF DEATH: Month **Dec.** day **2**

year **1946** hour **2** minute **a** M.

4. Sex **male**

5. Color or race **white**

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

21. I hereby certify that I attended the deceased from **July 2nd 1946** to **Dec. 2nd 1946**

that I last saw him alive on **Dec 15, 1946** and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **1888** years

7. Birth date of deceased **Feb. 11th** (Month) **1888** (Day) **1888** (Year)

Immediate cause of death **Myocardial Infarction**

Duration **3 days**

8. AGE: Years **58** Months **9** Days **21** If less than one day _____ hr. _____ min.

Due to **Branchogenic carcinoma with metastasis to liver and bowels**

Due to _____

9. Birthplace **Saline County Mo.**

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation **Locomotive engineer**

11. Industry or business _____

12. Name **W. R. Van Booven**

13. Birthplace **Rhineland Mo.**

(City, town, or county) (State or foreign country)

14. Maiden name **Antonie Shelton**

15. Birthplace **Rhineland Mo.**

(City, town, or county) (State or foreign country)

Major findings:

Of operations **47**

Of autopsy _____

16. (a) Informant **Geo. Van Booven**

(b) Address **Slater-Mo.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) **burial** (b) Date thereof **12-4-'46**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **burial** or cremation **Slater, Mo.**

(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 **Hill Brothers**

(b) Address **Slater, Mo.**

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) **Dec 17, 1946** (b) **Mrs. Earl C. Metz**

(Date received local registrar) (Registrar's signature)

23. Signature **Don W. Johnson** (M. D. or other) **MD**

Address **Slater, Mo.** Date signed **12/3/46**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date filed

12-30-46

APR 8 1947

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

Sam M. Hill

Licensed Embalmer No.

1292

P. O. Address

State 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.