S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4359

Registration District No. 77 — Primary Registration District No. 3016 — Registrar's No. 53

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 630-E-Elm (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 54 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No. 630-E-Elm (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Booker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 5 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
54	1	17	hr. min.

9. Birthplace Jefferson City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Yard Man
11. Industry or business Private homes
FATHER
12. Name Peter Booker
13. Birthplace Jefferson City (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Amelia McKinzie
15. Birthplace Cole Junction (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Al Booker
(b) Address 527 Linn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Longview
18. (a) Signature of funeral director Fannie Sevons
(b) Address 700 Jefferson
19. (a) 3-3-47 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature) MR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd year 1947 hour 5 minute 30P. M.
21. I hereby certify that I attended the deceased from Dead When Viewed, 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94A

Major findings:
Of operations
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature J. T. Leslie Coroner (M. D. or other)
Address Jefferson City Mo Date signed 2-28-47

68 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed 3/11/42

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 J. W. Anderson

Licensed Embalmer No. 3641

P. O. Address Juneau

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.