S. No. 2
0M—5-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1947

Registration District No. 8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8395

Primary Registration District No. 3017

Registrar's No. 34

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville
(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 Infant of Mr. & Mrs. Archie Sears.

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced --- U

6. (b) Name of husband or wife --

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

7. Birth date of deceased March (Month) 1 (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 15 min.

9. Birthplace Boonville (City, town, or county) Missouri (State or foreign country) U

10. Usual occupation ---

11. Industry or business ---

FATHER
12. Name Archie Sears
13. Birthplace Cooper County, Missouri U
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bernadine Brokamp
15. Birthplace Cooper County, Missouri U
(City, town, or county) (State or foreign country)

16. (a) Informant Archie Sears.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2nd/47 (Month) (Day) (Year)
(c) Place: burial or cremation Clarks Fork Lutheran Cem.

18. (a) Signature of funeral director Goodman & Boller.
(b) Address Boonville, Mo.

19. (a) 3-6-47 (Date received local registrar) (b) D. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1947 hour 3 minute p.M.

21. I hereby certify that I attended the deceased from March 1, 19 47 to March 1, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death — Foremature Birth (6 1/2 months) — Duration 6 hours

Due to Foremature of Mother.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 159

Of autopsy

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

23. Signature H. Van Ravenswaay (M. D. or other)
Address Boonville, Mo Date signed 3-5-47

581

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-8-47

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 G. F. Boller

Licensed Embalmer No. 3069

P. O. Address Bronville, 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.