No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10361

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 68

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly (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 ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Randolph 88
(c) City or town Moberly (If outside city or town limits, write "RURAL") 6
(d) Street No. S. Moulton St 3 (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Rebecca Boone
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Fem 3
5. Color or race col
6. (a) Single, widowed, married, divorced wid 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 65 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business .....
FATHER
12. Name unknown 9
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
MOTHER
14. Maiden name unknown 7
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)
16. (a) Informant Archie Evans
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo.
18. (a) Signature of funeral director R. L. Carr
(b) Address Moberly Mo
19. (a) 3-20-47 (Date received local registrar) (b) Leah Williams Louie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17 year 1947 hour 3 pm minute ..... M.
21. I hereby certify that I attended the deceased from 3-17, 1947 to 3-17, 1947 that I last saw her alive on 3-17-47, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Natural Cause	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

200

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 2
23. Signature [signature] (M. D. or other) D.O.
Address Moberly Mo. Date signed 3-18-47

269 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-47-55
Filed MAR 24 1947
Date

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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly 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.