

FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13985

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Luxington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1609 Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 16 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Luxington
(If outside city or town limits, write "RURAL")
(d) Street No. 1609 Franklin
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

HARRY E. BOOTH

(b) If veteran, name war WW I (c) Social Security No. _____

4. Sex MAO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Xenia Downs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec 15 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Centralia MO
(City, town, or county) (State or foreign country)

10. Usual occupation owns adv-news

11. Industry or business _____

12. Name H. S. Booth

13. Birthplace Saline Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Angie O'Leary

15. Birthplace Calloway Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Xenia Booth

(b) Address Luxington, MO

17. (a) Burial (b) Date thereof: 3-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington, MO

18. (a) Signature of funeral director James E. Eichel
(b) Address Luxington, MO

19. (a) 10 April (b) James E. Eichel
(Date received local registrar) (Registrar's signature) 154

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1947 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from 9 March 47
only, 1947, to _____, 1947;
that I last saw him alive on 9 March, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death acute Coronary Thrombosis

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: ATH
Of operations _____
Of autopsy _____

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 Dr. W. Ward (M. D. or other) MD
Address Luxington Date signed 11 March 47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-23-47

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.....
Geo. W. Keane

Licensed Embalmer No. *2983*

P. O. Address.....
Leamington, N.S.

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.