

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

FILED JUN 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17981  
Registrar's No. 96

Registration District No. 383 Primary Registration District No. 5655

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt. Vernon  
(c) Name of hospital or institution: Missouri State Sanatorium  
(d) Length of stay: In hospital or institution 3 days  
In this community 3 days

3. (a) PRINT FULL NAME Gertrude Booker  
(b) If veteran, name war No  
(c) Social Security No. No

4. Sex Female  
5. Color or race Colored  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James Booker  
6. (c) Age of husband or wife if alive Unknown  
7. Birth date of deceased May 13 1915

8. AGE: Years 32 Months 0 Days 12

9. Birthplace Tomfondy Mississippi

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Hillman Britton  
13. Birthplace Unknown Mississippi  
14. Maiden name Hattie Rhiney  
15. Birthplace Unknown Mississippi

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mt. Vernon, Mo.

17. (a) Burial, cremation, or removal Memorial  
(b) Date thereof 5/27/47

(c) Place: burial or cremation Home  
18. (a) Signature of funeral director Geo B Orr  
(b) Address Mt Vernon Mo

19. (a) 5/27/47  
(b) Registrar's signature E. P. Philbrick

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri  
(b) County Pemiscot  
(c) City or town Wardell  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th  
year 1947 hour 11:55 minute P M.  
21. I hereby certify that I attended the deceased from May 22 1947 to May 25th 1947  
that I last saw her alive on May 25th 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Abt 6 mos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?  
(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 G. F. Lee  
Address Mount Vernon, Missouri Date signed 5-26-47

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

RECEIVED

District Health Officer No. 8

District File Number 647-654

Date Filed JUN 10 1917

---

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.....

Licensed Embalmer No..... 946

P. O. Address.....

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.