

No. 2
M-5-43
S-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27177
Registrar's No. 127

FILED AUG 26 1947

Registration District No. 82

Primary Registration District No. 3310

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

1. PLACE OF DEATH:
Cooper
(a) County
(b) City or town Lamine Township Rural.
(c) Name of hospital or institution:
At home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community All of life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Virginia Lee Boulware
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color of race White
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Robert Emmitt Boulware.
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 25th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 12 hr. _____ min.

9. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At home

MOTHER FATHER { 12. Name Frederick Nunn. 4

13. Birthplace England _____ (City, town, or county) (State or foreign country)

14. Maiden name Cena Wendleton. 7

15. Birthplace Germany _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. R. Weidel

(b) Address Blackwater, Mo.

17. (a) Burial (b) Date thereof Aug. 8th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Nebo Cem, Cooper Co., Mo.

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville, Mo.

19. (a) 8-6-47 (b) D. J. Cooper 381
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Cooper 27
(a) State (b) County
Lamine 0
(c) City or town (If outside city or town limits, write "RURAL")
Rural. 0
(d) Street No. (If rural, give location)
No
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug. day 6
year 1947 hour 12 minute a. M.

21. I hereby certify that I attended the deceased from July 13, 1947, to 8-6, 1947;
that I last saw her alive on 8-5-, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic 2 years
Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

PHYSICIAN _____

Major findings: _____

Of operations 930

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. E. Stone (M. D. or other)

Address Boonville MO Date signed 8-6-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

8-25-47

AUG 26 1947

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 _____

Wm W Wood

Registered Apprentice No. *480*

working under my personal supervision.

Signed _____

J H Goodman

Licensed Embalmer No. *1178*

P. O. Address _____

Boonville, 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.