

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED SEP 2 1947

Registration District No. **788**

Primary Registration District No. **3038**

Registrar's No. **65**

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
129 East Dake Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 59 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Boyd Booth

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M **5. Color** W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Lovina Ellen Russell

6. (c) Age of husband or wife if alive 1881 years

7. Birth date of deceased March 5 1881
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 15
If less than one day 0 hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Gas Company, (retired)

MOTHER FATHER

12. Name John J. Booth

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

14. Maiden name Jane Russell

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

16. (a) Informant Mrs. Thelma Cates

(b) Address Brookfield, Mo.

17. (a) Burial Burial **(b) Date thereof** Aug. 22, 1947
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Rusk Funeral Home

(b) Address Brookfield Mo.

19. (a) 8-21-47 **(b) Walter Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 129 East Dake St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1947 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on Aug. 16, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to Senility

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

Major findings:

Of operations _____

Of autopsy 94%

Duration 0

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ray R. Haley (M. D. or other) 240

Address Brookfield **Date signed** 8-2-47

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Harold B. Wright*

Licensed Embalmer No. *3718*

P. O. Address..... *Brookfield, 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.