

FILED SEP 16 1947
128

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 710 J

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town RURAL - S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether years, months or days) Since Childhood

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory
(c) City or town Weaubleau
(If outside city or town limits, write "RURAL")
(d) Street No. -----
(If rural, give location) 1
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME William Andrew Boren

3. (b) If veteran, name war None 3. (c) Social Security No. -----

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

6. (b) Name of husband or wife Emma E. Boren 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 6 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 2 ----- hr. ----- min.

9. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business -----

12. Name William Calvin Boren

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

14. Maiden name Mary E. Paden

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

16. (a) Informant John B. Boren

(b) Address Checotah, Oklahoma

17. (a) Burial (b) Date thereof Aug 16 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Walter E. ...

(b) Address Wheatland, Mo

19. (a) 9-10-47 (b) W. J. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1947 6 hour 00 minute ----- P.M.

21. I hereby certify that I attended the deceased from July 14
1947 to August 8, 19 47
that I last saw him alive on August 8, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism
Duration -----

Due to -----

Due to -----

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

Major findings: 83 B
Of operations -----

Of autopsy -----

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 R. A. Michael MD (M.P. or other) -----

Address 606 East Sunshine Date signed 8-8-47

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 William C. Mendenhall

Licensed Embalmer No. 4449

P. O. Address Wheatland, 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.