S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34036

Registration District No. 82 Primary Registration District No. 3077 Registrar's No. 158

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ravens Way Clinic (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks 3 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6
(d) Street No. 416 W Cooper (If rural, give location) 4
(e) Citizen of foreign country? (~~Yes or~~ No) 1
If yes, name country

3. (a) PRINT FULL NAME LEE ALEN Boggess
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 22 (Day) 1892 (Year)

8. AGE: Years 55 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Liberty (City, town, or county) Mo (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business
FATHER 12. Name Mark Boggess
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Edwards
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mable Boggess
(b) Address 416 W Cooper Sedalia
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo.
18. (a) Signature of funeral director Lucie Alexander
(b) Address 400 W Cooper Sedalia, Mo
19. (a) 10-2-47 (Date received local registrar) (b) D. E. Hooper (Registrar's signature) 301

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1947 hour minute 2 a. M.
21. I hereby certify that I attended the deceased from Sept 15, 1947 to Sept 30, 1947 that I last saw him alive on Sept 29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary hemorrhage	4 Months
Due to: Carcinoma of L pleura	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None. 476	

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? 0 (Specify type of place)
While at work? — (e) Means of injury
23. Signature Alex Ravenswaay Mo (M. D. or other)
Address Boonville Mo Date signed 9.30.47

(Licensed Embalmer's Statement on Reverse Side)

REGISTERED
District Health [illegible]
District File Number
Date Filed 10-16-47

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. [illegible] Alexander

Licensed Embalmer No. 4745

P. O. Address Sedalia 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.