

No. 2
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35153**
Registrar's No. **241**

FILED NOV 10 1947
Registration District No. **237**

Primary Registration District No. **2048**

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)

In this community 20 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME RICHARD HENRY BOATRIGHT

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife *****

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

7. Birth date of deceased December 2, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>23</u>	<u>*****</u> hr. min.

9. Birthplace Corning Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business None

MOTHER { 12. Name Richard J. Boatright

13. Birthplace Madison Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Blackburn

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

16. (a) Informant Mrs. Ira Bailey

(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof Oct. 27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Princeton Home

(b) Address 120 East 1st, Maryville, Mo.

19. (a) Oct. 28, 1947 (b) Bess Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville
(If outside city or town limits, write "RURAL")

(d) Street No. 122 South Walnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1914 to Oct 25, 1947
that I last saw him alive on Oct 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis with hemorrhage

Due to General arteriosclerosis with hemorrhage

Other conditions (includes pregnancy within 3 months of death)

Major findings: 97

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? _____
(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 J. A. Blawie (M. D. or other) _____
Address Maryville Date signed 10/27/47

MAR 1 10/19

JUN 28 1948

**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

John W. Price

Licensed Embalmer No.

4281

P. O. Address

Maryville 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.