

FILED FEB 17 1948

Registration District No. 76

Primary Registration District No. 5282

Registrar's No. 17

1. PLACE OF DEATH

(a) County Clark
 (b) City or town Rural Sweet Home Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Clark 27
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Sweet Home Twp.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME

Mattie Doore
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
 year 1948 hour 8 minute 30 A.M.
 21. I hereby certify that I attended the deceased from July 15
 1948 to Jan 30 1948
 that I last saw her alive on Jan 29 1948
 and that death occurred on the date and hour stated above.

4. Sex F.M. 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Doore
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 10 - 1862
(Month) (Day) (Year)

Immediate cause of death Apoplexy cerebral
 Duration 8 hrs

8. AGE: Years 85 Months 1 Days 18
 If less than one day _____ hr. _____ min.

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

9. Birthplace Clark Co Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Major findings: Of operations 3 A
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business ✓
 12. Name Thomas Boggess
 13. Birthplace Clark Co Missouri
(City, town or county) (State or foreign country)
 14. Maiden name Catherine Owens
 15. Birthplace Scott Co. Indiana
(City, town, or county) (State or foreign country)

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

16. (a) Informant Clarence Vice
 (b) Address Revere Mo.
 17. (a) Burial (b) Date thereof 1-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Revere Cemetery

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature J. L. McConnell (M. D. or other) MD.
 Address Revere Mo. Date signed 1-30-48

18. (a) Signature of funeral director Fred Karcis
 (b) Address Revere Mo.
 19. (c) Feb 11 48 (Date received local registrar)
J. L. Rudge (Registrar's signature)

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

RECEIVED
District Health Officer No
District File Number 2483
Date Filed FEB 16 1948

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 Fred Karle
Licensed Embalmer No. 1023
P. O. Address Kahoka 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.