No. 2
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5-17-39
X36671

3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1948

Registration District No. 340

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6151

State File No. 15168

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Essex Route one
(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
In this community 37 years 2 months 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Essex, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nina Mae Boone

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Luther Boone

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Feb. (Month) 18 (Day) 1911 (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	2	2	hr. min.

9. Birthplace Essex, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William A. Oliver
13. Birthplace Brownwood, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Stella Hunsacker
15. Birthplace Gibson County, Ind. (City, town, or county) / (State or foreign country)

16. (a) Informant Luther Boone
(b) Address Essex, Mo. Route one

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Essex Mo. Cemetery

18. (a) Signature of funeral director Watkins Funeral Service
(b) Address Dexter, Missouri

19. (a) 4-24-48 (Date received local registrar) (b) Velma V. Jenkins (Registrar's signature) 1120

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 20 year 1948 hour 5:40 minute A.M.

21. I hereby certify that I attended the deceased from Sept 10, 1948, to April 20, 1948, that I last saw her alive on April 19, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of brain, Lungs & Kidney	2 MONTH
Due to Carcinoma of Uterus	1 YEAR
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

4812

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Dr H A Poe ~~(M. D. or other)~~ DO

Address Dexter, Mo Date signed 4/21/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 48-563
Date Filed 9-28-48

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.