No. 2
-1/47
-17-39

8

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1948

Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 30436

Registrar's No. 43

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 701 West St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): Lifetime
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Moniteau
(c) City or town: California
(If outside city or town limits, write "RURAL")
(d) Street No.: 701 West St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: CHARLES O. BOGGS
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Orah V. Boggs
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: July (Month) 24 (Day) 1871 (Year)

8. AGE: Years 77 | Months 1 | Days 27 | If less than one day ....hr. ....min.

9. Birthplace: Moniteau County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER
12. Name: Roland C. Boggs
13. Birthplace: Penn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah F. Dickman
15. Birthplace: Ky (City, town, or county) (State or foreign country)
16. (a) Informant: Tilly Boggs
(b) Address: California Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Flag Spring
18. (a) Signature of funeral director: A. E. Wilson
(b) Address: California Mo.
19. (a) Aug 24 48 (Date received by local registrar) (b) H. P. Dobsey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1948 hour 2 minute P.M.
21. I hereby certify that I attended the deceased from May 2 1948 to Aug 26 1948 that I last saw him alive on Aug 26 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 days
Due to: Generalized arteriosclerosis	5 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 834	
Of autopsy:	

PHYSICIAN — Underline the cause of 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:
23. Signature: L. L. Latham (M. D. or other) M.D.
Address: California, Mo Date signed 8-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number SEP 14 1948
Date Filed

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.