No. 300
I—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35748

Primary Registration District No. 5124

Registrar's No. 1209

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town DeKalb, (Rural) Bloomington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. # 2, DeKalb, Mo.
(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)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R.F.D. # 2,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME DANIEL BOATWRIGHT

3. (b) If veteran, name war None

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 Bessie Mae

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October (Month) 20, (Day) 1880 (Year)

8. AGE: Years 68 Months 0 Days 19 If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Benjamin Boatwright

13. Birthplace Unknown (City, town, or county) ____ (State or foreign country)

14. Maiden name Rachel Ann Marker

15. Birthplace Unknown (City, town, or county) ____ (State or foreign country)

16. (a) Informant Bessie Mae Boartwright

(b) Address R.F.D. # 2, DeKalb, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/48 (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director John E. Kupp

(b) Address 6054 Pryor Ave., City

19. (a) 11-15-48 (Date received local registrar) (b) Ella Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9, year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 10th, 1948 to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Viewed

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. W. Tadlock (M. D. or Coroner)

Address King Hill Bldg Date signed 11-15-48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, 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 E Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.