

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39243

Registration REC'D DEC 13 1939

Primary Registration District No. 1

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Cape Girardeau Mo
(b) City or town Near Pocahontas Mo
(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 _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Cape Girardeau
(c) City or town Near Pocahontas Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

In this community _____
years, months or days 13 year
8. (a) PRINT FULL NAME Burrell Booth, 30
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

20. DATE OF DEATH: Month Nov day 30
year 1939 hour 9 am. minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Burrell Booth 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Feb 29 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from on 22 day of Feb, 1932, to _____, 19____; that I last saw her alive on on that date, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 9 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Senility Duration _____
Due to _____
Due to _____

9. Birthplace Miller ville MO
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation None

11. Industry or business None
12. Name Andrew Schrum
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lewis
15. Birthplace MO
(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? _____
(Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Floss Whitledge
(b) Address Pocahontas Mo

17. (a) Burial (b) Date thereof Dec 1 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Miller ville Mo

23. Signature R. D. P. Laylock (M. D. or other) 1
Address Oak Ridge Mo Date signed 11-20-39

18. (a) Signature of funeral director Rosenblyder & Co
(b) Address Pocahontas Mo
19. (a) Nov 30th 39 (b) F. J. Schrum
(Date received local registrar) (Registrar's signature)

WHILE PLAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.