

FILED JUN 12 1945

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, 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

In this community since 10 50 years
years, months or days)

3. (a) PRINT FULL NAME Jessie May Booth

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 Boyd Booth 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct 12 - 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name John W Henry

13. Birthplace Caldwell Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary E Marshall

15. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. Booth

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof May 11 45
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Dockery Camp

18. (a) Signature of funeral director John W Ruppel

(b) Address 744 1/2 N. 1st St

19. (a) May 11 1945 (b) Mrs. Paul W. Shippard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond, Mo
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 9, 1945 to May 9, 1945

that I last saw her alive on May 9, 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 85

Of autopsy _____

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 15. 20 2

23. Signature Dr. E. J. Raman (M.D. or other)

Address Richmond, Mo Date signed May 9, 45

Duration

1 hour

3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12 50

RECEIVED

District Health Officer No. 8

District No. _____ Member No. _____

Date 6/11/45

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.