

No. 2  
-1/47  
-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30436**

National Office of Vital Statistics  
**FILED SEP 16 1948**

Registration District No. **224**

Primary Registration District No. **3046**

Registrar's No. **432**

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  
In this community..... **Lifetime** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Moniteau** **68**  
(c) City or town **California** **1**  
(If outside city or town limits, write "RURAL") **1**  
(d) Street No. **701 West St.** **0**  
(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 **Oran U. Boggs** 6. (c) Age of husband or wife if  
alive **70** years  
7. Birth date of deceased **July 24 1871**  
(Month) (Day) (Year)

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

9. Birthplace **Moniteau County Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business.....

12. Name **Roland C. Boggs**

13. Birthplace **Penn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah F. Wickman**

15. Birthplace **Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **A. M. Boggs**

(b) Address **California Mo.**

17. (a) **burial** (b) Date thereof **8-22-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flag Sprng**

18. (a) Signature of funeral director **A. E. Wilton**

(b) Address **California Mo.**

19. (a) **Aug 24 1948** (b) **H. P. Rosebery**  
(Date received local registrar) (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**  
19 **46** to **Aug 21** 19 **48**  
that I last saw him alive on **Aug 20** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** **3 days**  
**Generalized arteriosclerosis** **5 years**

Due to **Generalized arteriosclerosis**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations **83A**

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.....

23. Signature **L. L. Latham** (M. D. or other) **M.D.**

Address **California, Mo** Date signed **8-23-48**

PHYSICIAN  
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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.