

030.100 639

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42233
Do not use this space.

1. PLACE OF DEATH
 (a) County Barton Registration District No. 40
 (b) Township _____ Primary Registration District No. 4024 Registered No. 52
 (c) City Lamar (d) Street No. Narrison Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ellen Boss
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elisha Boss
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12th 1853
 7. AGE YEARS 85 MONTHS 1 DAYS 14 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Practical Nurse
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25. 1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938, to Nov. 25, 1938
 I last saw her alive on Nov. 25, 1938 Death is said to have occurred on the date stated above, at 10P m.
 The principal cause of death and related causes of importance were as follows:
Cardio-Renal-Vascular disease
 Date of onset unknown
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 FATHER 13. NAME Stephen L. Collins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
 MOTHER 15. MAIDEN NAME Marie Helpher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 17. INFORMANT (ADDRESS) Mrs. A. Beeson
Lamar, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE East Cemetery DATE Nov 27, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Khanantz's
Lamar, Mo.
 20. FILED Nov 27, 1938 Mrs. J. Zephine Emmatt (Address) Lamar, Mo.
 Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Thos. J. Miller, M. D.
Lamar, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37 I X12004

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.

RECEIVED

District Health Officer No. 6;

District File Number 6-38-860

Date Filed DEC 19 1938

STATEMENT BY LICENSED EMBALMER

I, Carl F. Konantz, Licensed Embalmer No. 2247

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Sam Mc. Sweeney, Registered Apprentice No. 135
working under my personal supervision.

Signed Carl F. Konantz
Licensed Embalmer No. 2247

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.)