

REC'D MAR 13 1939

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

5760

Do not use this space.

1. PLACE OF DEATH *v*
- (a) County *Andrew* Registration District No. *24*
- (b) Township *Osage* Primary Registration District No. *4015*
- (c) City *Ladsonia, Mo.* (d) Street No. _____ 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 *Anna Mary Bomar*
- (a) Residence, No. *Ladsonia, Mo.* 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) *widow*
- 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joe Lee Bomar*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 6 - 1858*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 5 10
- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *House wife*
9. Industry or business in which work was done, as saw mill, bank, etc. *home*
10. Date deceased last worked at this occupation (month and year) *1939 Jan* 11. Total time (years) spent in this occupation *life*
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Raymond, Mo.*
- FATHER 13. NAME *James Monroe Worrou*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Island*
- MOTHER 15. MAIDEN NAME *Mary Jane Sevier*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washville, Tenn.*
17. INFORMANT (ADDRESS) *Mrs Joe Holtkamp, Mexico, Mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Ladsonia, Mo.* DATE *Feb 17, 1939*
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *H. S. Granger, Ladsonia, Mo.*
20. FILED *2-17, 1939* *W. K. McCall* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 16, 1939*
22. I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1937*, to *Feb 16, 1939*
- I last saw her alive on *Feb*, 1939. Death is said to have occurred on the date stated above, at *1:30 A.M.*
- The principal cause of death and related causes of importance were as follows:
- Arterio insufficiency 1-1-39*
- Arterio sclerosis 1925*
- Other contributory causes of importance:
- Name of operation _____ Date of _____
- What test confirmed diagnosis? *Symptoms* Was there an autopsy? *No.*
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? *No.*
- If so, specify _____
- (Signed) *W. K. McCall* M. D.
- (Address) *Ladsonia, Mo.*

RECEIVED

District Health Officer No. 10

District File Number 10-39-252

Date Filed MAR 5 1939

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, _____

H. G. Grainger

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

H. G. Grainger

Licensed Embalmer No. _____

11297

P. O. Address _____

Ladonia, 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, above space should be left blank.