

1939 APR 11 1939

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

10775
Do not use this space.

1. PLACE OF DEATH
 (a) County Centre Registration District No. 314
 (b) Township Stanberry Primary Registration District No. 4190 Registered No. _____
 (c) City Stanberry (d) Street No. _____
 (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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 362 SAMUEL BOATWRIGHT
 (a) Residence, No. Stanberry 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 Male 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah M. Boatwright
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 23
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Raised Farmer
 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) 3-12-1925 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centre County Missouri
 13. NAME James Boatwright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Missouri
 15. MAIDEN NAME Emily Sales
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centre County Missouri
 17. INFORMANT (ADDRESS) John F. Boatwright Stanberry Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Jennings DATE 3-20 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Egan Johnson Stanberry Mo.
 20. FILED 3-19 1939 C S Beina Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar 17 1939, to Mar 18 1939
 I last saw him alive on Mar 18 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Asphyxy
 Date of onset _____
 Other contributory causes of importance: arteriosclerosis
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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) F. J. Hunkeler, M. D.
 (Address) Stanberry, Mo.

N. B.—Every item of information should be carefully supplied. AGE cannot be stated exactly. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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RECEIVED
District Health Officer No. 11,
District File Number 39-200
Date Filed 4-5-39

VTAO 3 21 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,

J. Evan Johnson

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *J. Evan Johnson*

Licensed Embalmer No. 3492

P. O. Address *Stanbury 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.