REG'D SEP 20 1939

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

29250
Do not use this space.

1. PLACE OF DEATH
(a) County Henry
(b) Township
(c) City Clinton
Registration District No. 347
Primary Registration District No. 3018
Registered No.
(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 John L Bozarth
(a) Residence, No. 621 Orchard St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Belle Bozarth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	88	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as a wyer, bookkeeper, etc. Retired
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mc Lain Co Ill

FATHER
13. NAME John Lewis Bozarth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Rosan Moon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

17. INFORMANT (ADDRESS) Mrs Ida Belle Bozarth Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethel DATE 8-2 19 39

19. FUNERAL DIRECTOR (NAME) Consalus & Rucks
(ADDRESS) Clinton Mo

20. FILED 8-30 1939 W. L. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26 1939 to July 31 1939
last saw him alive on July 26 1939 Death is said to have occurred on the date stated above, at 10A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestine	about 1/1/39
Hb	

Other contributory causes of importance:
Senility

Name of operation None Date of
What test confirmed diagnosis? Clinical 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? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) S B Hughes, M. D.
(Address) Clinton Mo.

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1786
Date Filed 9-7-39

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.