

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

40321
Do not use this space.

1. PLACE OF DEATH
 (a) County: Monroe Registration District No. 583
 (b) Township: Jefferson Primary Registration District No. 5781A Registered No. _____
 (c) City: _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Mary Ann Bousman
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Bousman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 | 1 | 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 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) Missouri
 FATHER 13. NAME Milton E. Hale
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Sarah E. Cole
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Mrs. Bousman
Stautsville mo R. 10. 7
 18. BURIAL, CREMATION, OR REMOVAL PLACE Florida Mo DATE Jan 24, 1939
Cemetery
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson F. Son
Monroe City Mo.
 20. FILED 1/23 1939 PP Thompson
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 23rd 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 20th 1939 to Jan 23rd 1939
 I last saw her alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 2:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
following a severe
cold.
 Date of onset Jan 20, 1939
 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? _____ (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. P. P. Thompson, M. D.
 (Address) Stautsville 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.

RECEIVED

District Health Officer No. 10

District File No. 12-39-2046

Date Filed DEC-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,

or by

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

Signed

O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address _____

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.