

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40436

DEC 18 1939 645
Registration District No. 645

Primary Registration District No. 5854

Registrar's No. 13

1. PLACE OF DEATH:

- (a) County Ozark
 (b) City or town Rural, Bridges, Township
 (If outside city or town limits, write "RURAL" (and name of township))
 (c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community 30 years

years, months or days)

3. (a) PRINT FULL NAME ELIZABETH BOATRIGHT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mc Boatright 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased May 25 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 16 hr. min.

9. Birthplace MO
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business _____

- MOTHER FATHER
 12. Name William Newberry
 13. Birthplace Bout Run
 (City, town, or county) (State or foreign country)
 14. Maiden name Frankie Jones
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida Haushalter(b) Address Bainesville MO17. (a) Burial (b) Date thereof Nov 12 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Burial MO18. (a) Signature of funeral director O. B. Mc Clellan(b) Address Bainesville MO 57919. (a) 11-11-39 (b) J. T. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Ozark
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6 miles East of Bainesville
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1939 hour 11 minute 10 M.21. I hereby certify that I attended the deceased from Nov 8, 1939, to Nov 11, 1939;
that I last saw her alive on Nov 10, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death apoplexy
48 hours laterDue to arterio sclerosisDue to _____
Other conditions g. h.
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature H. C. Pace (M. D. or other) _____
Address Bainesville MO Date signed 11/15/39

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 comply with the above constitutes grounds for revocation of license.)

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