No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6665

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 193

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1424 W. Thomas 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 years, months or days) 2 40

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Humansville (If outside city or town limits write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3. (a) PRINT FULL NAME ULYSESS-GRANT-BOSWELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wife-Laura B.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 20 (Day) 1867 (Year)

8. AGE: Years 72 Months 11 Days 7 If less than one day hr. ✓ min.

9. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Hugh M. Boswell
13. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Riley
15. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Laura B. Boswell

(b) Address Humansville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Dickerson Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co

(b) Address Springfield Mo 2010

19. (a) 2/28/40 (Date received local registrar) (b) Chas. A. George M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27th year 1940 hour 2:55 minute A M.

21. I hereby certify that I attended the deceased from 2-14- 1940, to 2-27- 1940 that I last saw him alive on 2-26- 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Decompensating Heart Lesion Left Bundle Block	2-14-40
Due to Strain 11-29-1935	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Feller (M. D. or other) 1

Address Springfield Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 William Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield, M

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

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