S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6925

MAR 1 - 1940

Registration District No. 406 Primary Registration District No. 4240 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper County

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

(c) Name of hospital or institution: 504 S. Main St. Carl Junction, Mo. (If not in hospital or institution, write street number or location)

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

In this community 3 yrs. in Carl Junction. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper.

(c) City or town Carthage (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME MAUD OZBUN

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 Widowed

6. (b) Name of husband or wife Thomas C. Ozbun

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

7. Birth date of deceased November (Month) 19 (Day) 1875 (Year)

8. AGE: Years 64 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name William E. Boots
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Lilly Cotton
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant J. M. Boots

(b) Address Carl Junction, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. (Month) 3. (Day) 1940 (Year)

(c) Place: burial or cremation Nashville, Mo. Cemetary

18. (a) Signature of funeral director Rollins Knott

(b) Address Roney Funeral Service Carl Junction, Mo.

19. (a) Feb 3-1940 (Date received local registrar) (b) Roy A. Maud (Registrar's signature) 950

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1940 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from 19 , to , 19 ; that I last saw her alive on February 2 , 1940 ; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to Chronic Arthritis

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy Vein

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature A. H. Winchester Coroner (M. D. or other)

Address Joplin Mo Date signed 2-2-40

(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 Rollins Knott

Licensed Embalmer No. 3685

P. O. Address Carl Junction 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.