

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

6174
Do not use this space.

FILED MAR 11 1941

1. PLACE OF DEATH
 (a) County Barton Registration District No. 40
 (b) Township _____ Primary Registration District No. 4024 Registered No. 106
 (c) City Lamar (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 ADDIE Boston
 (a) Residence, No. Lamar St. MO (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 0 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Richland Co / Ill

FATHER
 13. NAME David Morehouse
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill / Ill

MOTHER
 15. MAIDEN NAME Angeline Snyder
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Co Ill.

17. INFORMANT (ADDRESS) Frank Ansh
in Lamar

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James Country DATE Feb 22 1941

19. FUNERAL DIRECTOR (ADDRESS) E. B. Beamy & Sons 40
Sheldon Mo.

20. FILED Feb 21 - 1941 Mrs Josephine Mynatt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 20 - 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1941, to Feb 20, 1941. I last saw her alive on Feb 20, 1941. Death is said to have occurred on the date stated above, at 2:30 A. m. The principal cause of death and related causes of importance were as follows:

Uremia - with terminal bronchial pneumonia

Other contributory causes of importance: 107

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 of injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) James A. Atkins, D. M. D.
 (Address) Lamar, Mo.

RECEIVED

District Health Officer No. 6

District File Number 341-889

Date Filed MAR 6 1911

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2385

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Carroll T. Beany*

Licensed Embalmer No. _____

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.)