

FILED MAY 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15386

Registration District No. 641

Primary Registration District No. 5854

Registrar's No. 9

1. PLACE OF DEATH:

- (a) County. Ozark
 (b) City or town. Mammoth - 1/2 mi. N. of Bridges
 (c) Name of hospital or institution:

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

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

In this community four years
years, months or days)

3. (a) PRINT FULL NAME. W. E. Bostrom & Postrol.

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

4. Sex. Male U 5. Color or race. White
 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Effie Dye Bostrom
 6. (c) Age of husband or wife if alive. 50 years

7. Birth date of deceased. March 29, 1885
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
56 12 hr. min.9. Birthplace. Sweden Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business.

12. Name. Bostrom
 13. Birthplace. Sweden
 14. Maiden name. don't know Sweden
 15. Birthplace. Sweden Sweden
 (City, town, or county) (State or foreign country)

16. (a) Informant. Gravelle Dye
(b) Address. Mammoth Mo17. (a) burial (b) Date thereof. April 13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mammoth Cemetery

18. (a) Signature of funeral director. Clinkingbeard Fm. Home

(b) Address. Gainesville, Mo

19. (a) 4-14-41 (b) J. T. Wheeler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. Missouri (b) County. Ozark 77

(c) City or town. Mammoth
(If outside city or town limits, write "RURAL") 0(d) Street No. Bridges Township
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? don't know 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. April day. 11
year. 1941 hour. 6 minute. A. M.21. I hereby certify that I attended the deceased from April 10th
1941 to April 10, 1941
that I last saw him alive on April 10th 1941
and that death occurred on the date and hour stated above.Immediate cause of death. Coronary
thrombosis

Due to. Hypertension

Due to.

Other conditions.
(Include pregnancy within 3 months of death) 94Major findings:
Of operations.

Of autopsy.

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?

578
While at work? (Specify type of place) (e) Means of injury 9

23. Signature. M. J. Therman (M. D. or other) 50

Address. Gainesville, Mo Date signed 4-12-41

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

11-10-39
5-17-39
I X2140277
0
0

MOTHER FATHER

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

RECEIVED
District Health Officer No. 5,
District File Number 541-702
Date Filed May 2, 1941

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 W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Jamesville, 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.