

No. 2  
1-4-41  
17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28888**

**FILED SEP 11 1941**

Registration District No. **575**

Primary Registration District No. **4339**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Moniteau

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community Twenty Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Moniteau

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country Native

**3. (a) PRINT FULL NAME** John Bush Bomar

3. (b) If veteran, name war None

3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 5th  
year 1941 hour 4 minute 15 P. M.

4. Sex Male ( ) 5. Color or race White

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

6. (b) Name of husband or wife Sallie J. Bomar

6. (c) Age of husband or wife if alive Dead years 1861

7. Birth date of deceased September 9  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. \_\_\_\_\_, 1940 to July 30, 1941;  
that I last saw him alive on July 30th, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 10 Days 24  
If less than one day hr. min.

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

Immediate cause of death Myocarditis chronic  
Arteriosclerosis

Due to senility

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

10. Usual occupation Minister

11. Industry or business Baptist Church

12. Name W.B. Bomar

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Elmira Back

15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant [Signature]

(b) Address Miami Florida

17. (a) Burial (b) Date thereof 8-7-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director Jameca E. Richards

(b) Address Tipton, Mo

19. (a) Reg. L. H. [Signature] (b) Mrs. Sarah [Signature]  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature G. F. Potts M.D. (M. D. or other) \_\_\_\_\_  
Address Tipton, Mo Date signed 8/6/41

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

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Jessie-E. Richard  
Licensed Embalmer No. 2466  
P. O. Address Lipton, N

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

**If this body is not embalmed, fact should be so stated above.**