S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1941

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37737

State File No.

Primary Registration District No. 201

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Benton

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

(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 no (Specify whether
In this community 82 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

(c) City or town Cole Camp 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs Julia M Boatright

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife James Boatright

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August (Month) 11th (Day) 1859 (Year)

8. AGE: Years 82 Months 3 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Benton County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Jack Harmon
13. Birthplace Unknown (City, town, or county) / Unknown (State or foreign country)

MOTHER
14. Maiden name Sarah Helvey
15. Birthplace Unknwon (City, town, or county) / Unknown (State or foreign country)

16. (a) Informant Mrs Wm Imbusch
(b) Address Cole Camp Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director E L Eickhoff
(b) Address Cole Camp Mo

19. (a) 11-24-41 (Date received local registrar) (b) Sue Selover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-20, 1940, to 11-22, 1941; that I last saw her alive on 11-11-, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Arterio-Sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

97

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 J D Bennett (M. D. or other) M.D.
Address Cole Camp, Mo Date signed 11-24-41

63

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-41-1961
Date Filed 12-3-41

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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, fact should be so stated above.