

FILED JAN 28 1942

Registration District No. 398

Primary Registration District No. 2355-5790A

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town RURAL - MOREAU MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution MOREAU
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community lifetime
years, months or days

3. (a) PRINT FULL NAME GEORGE W. BOZAN

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

4. Sex MALE 5. Color of race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife LELIE R. DUBER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 19 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>12</u>	— hr. — min.

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Allen J. Bozan

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

14. Maiden name Diese A. Roering

15. Birthplace (Rural) Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Daniels

(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof March 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director W. F. Kedwell

(b) Address Versailles, Missouri

19. (a) 8-12-41 (b) Will F. Berry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MORGAN
(c) City or town Moreau Twn.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - As above
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1st
year 1941 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Nov 15 1940 to Mar 1 1941
that I last saw him alive on Mar 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage 2-26-41

Due to arterial sclerosis unknown

Other conditions hypertrophy of prostate gland
(Include pregnancy within 3 months of death) unknown

Major findings: _____

Of operations _____

Of autopsy none 1370

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 A J Gunn (M. D. or other) D

Address Versailles Mo Date signed 3-3-41

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2212

Date Filed 1-15-42

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. J. Redwell

Licensed Embalmer No. 1596

P. O. Address W. J. Redwell, Inc.

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.