

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7572

Registration District No. 725

Primary Registration District No. 4431

Registrar's No. 10

1. PLACE OF DEATH

(a) County Marion
(b) City or town Chamberburg
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion
(c) City or town Warrinbal
(d) Street No. St Mary Ave
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dora Ella Boss

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife OTIS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 22 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months - Days 24 If less than one day hr. min.

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

10. Usual occupation H. W.

11. Industry or business

12. Name James Douglas

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

14. Maiden name Lehmann

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

16. (a) Informant Mr. Cho. White
(b) Address Gloucester

17. (a) Burial (b) Date thereof Feb. 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marble Creek
(d) Signature of funeral director James Lehmann
(e) Address Harbinger Rd
(f) Date received local registrar Mar. 2, 1942
(g) Registrar's signature Mrs. Earl Robinson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1942 hour _____ minute 5:15 P. M.

21. I hereby certify that I attended _____ viewed dead body
Feb-15 1942 to _____ 19____

that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Dropsey - Uremic Poison

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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) _____ (e) Means of injury _____

23. Signature E. Caldwell (M.D. or other) _____

Address New London Date signed 2/24/42

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

RECEIVED

District Health Officer No. 10

District File Number 18-42-413

Date Filed MAR 11 1942

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.....

Michael J. Hoffmeyer

Licensed Embalmer No. 2246

P. O. Address.....

Sanitized 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.)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7572

Registration District No. 725

Primary Registration District No. 4431

Registrar's No. _____

1. PLACE OF DEATH: Rolls Center

(a) County _____

(b) City or town _____
(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 _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME Lora E. Boss

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb, day 13, year 1942, hour _____, minute _____, M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Jan 22
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months - Days 22 (If less than one day, in min.)

Immediate cause of death myocardial failure
Chronic nephritis
Uremic Poison

Due to _____

Due to _____

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

10. Usual occupation _____

11. Industry or business _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

13/8

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

23. Signature H. Caldwell Garner (M.D. or other) _____
Address New London Date signed _____

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

SUPPLEMENTARY

