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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MILLS JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 303

Registration District No. 469490

Primary Registration District No. 5633

500
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution Mo State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 158 days
(Specify whether years, months or days)

In this community 158 days

3. (a) PRINT FULL NAME Owen Russell Boes

3. (b) If veteran, name war. No

3. (c) Social Security No. 489-16-6905

4. Sex Male

5. Color White

6. (a) Single Single, divorced, married

6. (b) Name of husband or wife. Sgt

6. (c) Age of husband or wife if alive. 29 years

7. Birth date of deceased 29 (Month) 1915 (Day) 1915 (Year)

8. AGE: Years 26 Months 9 Days 15 If less than one day hr min.

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

10. Usual occupation Presser

11. Industry or business Laundry

12. Name Margaret P. Boggs

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

14. Maiden name Pella Bradley

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

16. (a) Informant Mrs. Mitchell Kingler

(b) Address Mo State San. McVernon, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 6 (Month) 30 (Day) 1942 (Year)

(c) Place: burial or cremation Columbia

18. (a) Signature of funeral director H. D. Fossett

(b) Address 7th, McVernon, Mo

19. (a) 7/1/42 (Date notified local registrar)

(b) Andy Amundson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Josiah

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

(d) Street No. 1 Court St 4
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1942 hour 2:30 minute 2 M.

I hereby certify that I attended the deceased from Jan 24, 1942 to June 30, 1942 that I last saw alive on June 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1st

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?.....

While at work? (Specify type of place).....

(e) Means of injury.....

23. Signature J. D. Hulse (M. D. or other) 28

Address McVernon, Mo Date signed 7/1/42

Duration abt 10 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 742-999

Date Filed JUL 15 1942

JUL 28 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 H. D. Fossett

Licensed Embalmer No. 2,201

P. O. Address Mt. Vernon, Md

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.