S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21609

State File No.

Registration District No. 449 Primary Registration District No. 5633 Registrar's No. ~~54~~ 30

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution 44 days (Specify whether
In this community 44 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Steele 3
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oliver A Boswell

3. (b) If veteran, name war No

3. (c) Social Security No. 492-16 421

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ina McBride Boswell

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased April (Month) 7 (Day) 1898 (Year)

8. AGE: Years 44 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert William Boswell
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Lena Harvey
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mr. Michael Record Clerk
(b) Address Mo State Sanatorium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation State Sanatorium Cemetery

18. (a) Signature of funeral director Geo. B Orr
(b) Address Mt Vernon Mo

19. (a) 6-17 42 (Date received local registrar) (b) Audy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1942 hour 11:40 minute a M.

21. I hereby certify that I attended the deceased from Apr 24, 1942, to June 8, 1942 that I last saw him alive on June 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 13 b'

Of autopsy

Duration
Over 5 yrs

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 B Hutchison (M. D. or other) M.D.

Address Mt Vernon Mo Date signed 6/8/42

1180 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 742-985
Date Filed JUL 15 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.....

Licensed Embalmer No.....

P. O. Address.....

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.