

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 98

Primary Registration District No. 4159

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Pattonsburg, Mo.
(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 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Ira Austin Bozarth

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma Louisa Bozarth

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Mar 6 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days II If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Jothan Bozarth

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

14. Maiden name Lean Stout

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

16. (a) Informant Tom Bozarth

(b) Address Pattonsburg mo

17. (a) Burial (b) Date thereof 9/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muddy Cemetary

18. (a) Signature of funeral director W. Brown

(b) Address Pattonsburg Mo.

19. (a) Oct-1-1942 (b) A. O. Richardson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 1942 hour 4 minute 49A .M.

21. I hereby certify that I attended the deceased from March 15th 1942 to Sept 12th 1942
that I last saw him alive on Sept 11th 1942
and that death occurred on the date 17 hour stated above.

Immediate cause of death Cerebral thrombosis

Due to

Due to

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations Same as above

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?

(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. ... D. or other)

Address Pattonsburg Mo. Date signed 9/21/42

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

31
2
0

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. S. Grimmer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.