

FILED FEB 13 1943

Registration District No. 68

Primary Registration District No. 5-266

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Osark Mo
(c) Name of hospital or institution: Revered Funeral
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Osark Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Revered (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME W. E. Boston

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

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cynthia Boston 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 10 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Lumber

11. Industry or business _____

MOTHER FATHER { 12. Name W. E. Boston
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Emily Clark
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Cynthia Boston
(b) Address Osark Mo.
17. (a) Buried (b) Date thereof Jan 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Schuytbrachen

18. (a) Signature of funeral director T. B. Chabbin
(b) Address Osark Mo
19. (a) Feb 2, 1943 (b) W. M. Malton Stone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1943 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from 5:47 1942 to Jan 11 1943
that I last saw him alive on Jan 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart with Hypertrophy & General Atherosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
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. H. Wade (M. D. or Other) _____
Address Osark, Mo Date signed 2-3-43

1273

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

RECEIVED

District Health Officer No. 6,

District File Number

234-182

Date Filed

FEB 11 1943

JUN 5 1957

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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Clark 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.