

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 15 1943
Registration District No. 778

Primary Registration District No. 4281

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton
(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 10 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limit write "RURAL")
(d) Street No. 510 W. Madison
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1943 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from 2-18 1943 to 2-21 1943
that I last saw him alive on 2-18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Duration 5 da

Due to _____
Due to _____

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature Dr. Earl Porter (M. D. or other) 20
Address Canton Mo. Date signed 2-22-43

3. (a) PRINT FULL NAME Fred D. Bozarth

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex: Male 5. Color or Grace White 6. (a) Single, widowed, married, Single
divorced

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

7. Birth date of deceased December 29, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 22 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Milton J. Bozarth

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

14. Maiden name Lucy Bozarth

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

16. (a) Informant Mrs Everett House
(b) Address Lewistown, Mo.

17. (a) Burial (b) Date thereof 2/23/43
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Ringo Point near Novinger,

18. (a) Signature of funeral director Paul H. Burkley

(b) Address Canton, Mo.

19. (a) 2-22-43 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

56
0

MAR 17 1943

RECEIVED

District Health Officer No. 10

District File Number 3-43-559

Date Filed MAR 12 1943

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. H. Buckley

Licensed Embalmer No. 3615

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, above space should be left blank.