

FILED FEB 19 1943

State File No. ....

Registration District No. 200

Primary Registration District No. 6029

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Reynolds  
(b) City or town Rural - Logan Javo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No. Redford - Rural  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME EDNA LORENE BOSEL

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased Feb 4 1943  
(Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

12. Name Wesley Dale Bosel

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

14. Maiden name Bonthe Mai Brunk

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

16. (a) Informant Mother

(b) Address Redford Mo

17. (a) Feb 5 - 1943 (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Redford Mo

18. (a) Signature of funeral director Wesley Bosel

(b) Address Redford Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 29 1943, to Feb 4 1943; that I last saw her alive on Jan 29 1943; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Pneumonia  
Typhena

Due to.....

Other conditions (Include pregnancy within 3 months of death) 330

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. P. Bantle M.D. (M. D. or other)  
Address Centerville Date signed Feb 10 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.**

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **7403**

Registration District No. **300**

Primary Registration District No. **6029**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Reynolds  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Redford Mo. Logan township  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community In Father's home  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Reynolds  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL.")  
 (d) Street No. 4 miles S.E. of Redford Mo.  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edna Lorene Boel  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced yes  
 6. (b) Name of husband or wife Husband 48 yrs 6. (c) Age of husband or wife if alive mother 18 yrs  
 7. Birth date of deceased Jan-29-1943  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace 4 mi of Redford Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Trucking and dealing in stock  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name John Wesley Boel  
 { 13. Birthplace St Louis Missouri  
 { 14. Maiden name Dorothy M. Brunst  
 { 15. Birthplace Bonne Terre Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Hannie Carpenter  
 (b) Address Redford Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-5-1943  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Carpenter Cemetery

18. (a) Signature of funeral director M. J. B. Shuts  
 (b) Address Redford Mo.

19. (a) 6-11-1943 (Date received local registrar) (b) Essie Evans (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb Day 5 Year 1943 hour \_\_\_\_\_ minute 30 M.  
 21. I hereby certify that I attended the deceased from birth, Jan 29  
until 9:45 Feb 5 1943  
 that I have seen him/her live on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Heart in birth never was well premature birth

Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (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 \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

DUPLICATE

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Handwritten text, possibly a signature or name, located in the middle right section of the page.

Handwritten text, possibly a signature or name, located in the lower right section of the page.