

S. No. 2
M-9441
5-17-43
PI X-28

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9828

State File No.

FILED APR 9 1943

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 67

16
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 1 1/2 of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

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

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

(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Anna Barbara Boss

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John T Boss 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 27, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>4</u>hr.min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John H Sander

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

14. Maiden name Hovise Banhart

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

16. (a) Informant John Boss

(b) Address Illmo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43
(Month) (Day) (Year)

(c) Place: burial or cremation lightnes cem Illmo Mo

18. (a) Signature of funeral director B. Splinghoff Hubbar

(b) Address Illmo, Mo

19. (a) 3-4-43 (Date received local registrar) (b) W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2/14 1943 to 3/1 1943
that I last saw her alive on 3/1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Coronary Disease

Due to

Other conditions 92h
(Include pregnancy within 3 months of death)

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)

23. Signature W. Phelps (M. D. or other) 3/4/43
Address Cape Girardeau Mo Date signed 3/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1014

District Health Officer No. 4
District File Number 443-2037
Date Filed 4-7-43

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 Mamie Bingham
Licensed Embalmer No. 3242
P. O. Address Chaffee Md

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.