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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1943

State File No. _____

Registration District No. 47

Primary Registration District No. 3757

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Aurvasse Mo

(c) Name of hospital or institution: Aurvasse

(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 Mo (b) County Callaway

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Nellie Boulware Boles

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

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased Oct 7 1855

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1943 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 24 1938 to April 21 1943 that I last saw her alive on April 21 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage 3/18/43

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Callaway Co Mo

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen Hans Boulware

13. Birthplace St. Aubert Mo

14. Maiden name Martha E. Smith

15. Birthplace Mo. Ky

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Ida Brown

(b) Address Aurvasse Mo

17. (a) Burial (b) Date thereof April 23 1943

(c) Place: burial or cremation Aurvasse

18. (a) Signature of funeral director Hughes Maupin

(b) Address Aurvasse Mo

19. (a) April 23 1943 (b) Joak M. Mountstoll

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 P. H. Doman (M. D. or other) _____

Address Aurvasse Mo Date signed 4/22/43

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

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 *Hughes Manekin*
Licensed Embalmer No. *235-8*
P. O. Address *Quiltsville, 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.