

FILED JUN 5 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(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 22 years (Specify whether years, months or days)

In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 820 South Fillmore
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Emeline Boatwright

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

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

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

7. Birth date of deceased Sept. 26 1859
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>82</u> | <u>8</u> | <u>24</u> | hr. min. |

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

10. Usual occupation housewife

11. Industry or business Hiram Markwell

12. Name unknown Ind

13. Birthplace Garron von Naugeli
(City, town, or county) (State or foreign country)

14. Maiden name unknown Ind.

15. Birthplace Mrs. Ira Bailey
(City, town, or county) (State or foreign country)

16. (a) Informant 820 So. Fillmore Maryville Mo

(b) Address burial

17. (a) (Burial, cremation, or removal) Miriam Cemetery (b) Date thereof May 23 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Paula Frances Home

(b) Address Maryville Mo

19. (a) 5-18-43 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 16, 1943, to May 16, 1943
that I last saw her alive on May 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Pteriosis

Due to General Services

Due to

Other conditions (Include pregnancy within 3 months of death) 94 lb.

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 C

23. Signature H. M. Hallis (M. D. or other) M.D.

Address Maryville - Mo Date signed 5-18-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

74
1
2

3761 2 NOT

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..... *[Handwritten Signature]*

Licensed Embalmer No. *2539*

P. O. Address. *Maryville*

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: