

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31056**

REGISTRATION DISTRICT No. **10 OCT 11 1943**

Primary Registration District No. **3000**

Registrar's No. **251**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
204 E. Cottonwood /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Most of Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Mary Elizabeth Bozarth**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **Feb. 26 1853**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 6 21 hr. min.

9. Birthplace **Illinois /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Isaac Long**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Currah**
15. Birthplace **Tenn. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Amos Yowell**

(b) Address **Kirksville, Mo.**

17. (a) **Burial** (b) Date thereof **9/19/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baden Springs Cemetery**

18. (a) Signature of funeral director **D. E. Riley**

(b) Address **Kirksville, Mo.**

19. (a) **10/4/43** (b) **Mrs. J. L. Wagure**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17**
year **1943** hour **11:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **1942** 19 _____ to **Sept. 17** 1943
that I last saw him alive on **Sept. 11** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Decompensation of heart**
myocarditis chronic
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **93d**
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 **Postlepley** (M. D. or other) **MD**
Address **Kirksville, Mo.** Date signed **10/3/43**

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

RECEIVED

District Health Officer No. 10

District File Number 10-43-1666

Date Filed OCT 7 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 Mrs. Laura Riley

Licensed Embalmer No. 3987

P. O. Address Kirkville Mo

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.