

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44324
State File No.

Registration District No. 1535522

Primary Registration District No. 1520 10202

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

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

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

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

3. (a) PRINT FULL NAME Ida Belle Boston

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th
year 1943 hour 4 minute 20 p.m.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife G.F. Boston

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept 1st 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Senility with usual causes of death. Duration _____

9. Birthplace Putman Co., Missouri
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis of Coronary Arteries

Due to Rheumatism of joints with arthritis

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Levi Stewart,

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

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant G.F. Boston

(b) Address Summersville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22 43
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Summersville, Mo

18. (a) Signature of funeral director John F. Almeier

(b) Address Mountain View, Mo

19. (a) Dec 3, 43 (Date received local registrar) (b) Max Paul Riley (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Dr. Lucile Henderson (M.D. or other) Do
Address Summersville, Mo. Date signed Sept 24

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.....

John J. Ahman
.....
Licensed Embalmer No. *2516*
.....
P. O. Address *Northview 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.