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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18460

FILED JUN 8 1944

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: none 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Monett 5 5
(If outside city or town limits, write "RURAL")

(d) Street No. West Cleveland ave 0
(If rural, give location) 0

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

If yes, name country none 0

3. (a) PRINT FULL NAME Miranda Emaline Boss

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband ~~or wife~~ Ernest Boss

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April (Month) 7 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	1	hr. min.

9. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Henry Jefferson Smith
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Lavina Fly
15. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ernest Boss

(b) Address W. Cleveland Monett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1944 (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cem Monett Mo

18. (a) Signature of funeral director Callaways

(b) Address Monett Mo

19. (a) May 10 1944 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day 8th year 1944 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 1, 1944, to May 8, 1944 that I last saw her alive on May 8th, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93 8

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. A. Smith (M. D. or other) D.O.

Address Monett, Mo. Date signed 5-10-44

1322

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 644-677
Date Filed JUN 6 1944

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 J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.