

FILED JUL 14 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21239

Do not use this space.

1. PLACE OF DEATH
- (a) County Camden Registration District No. 50
- (b) Township Osage Primary Registration District No. 4071 Registered No. 70
- (c) City Camdenton (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
- (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. 150 How long in U. S., if of foreign birth? _____ yrs. mos. ds.
2. PRINT FULL NAME James Moore Bosier
- (a) Residence, No. Camdenton, Mo St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE whit
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF Lucy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 - 1868
7. AGE YEARS 76 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret
9. Industry or business in which work was done, as saw mill, bank, etc. PO Clerk
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

- FATHER
13. NAME William B
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown A

- MOTHER
15. MAIDEN NAME Starris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

17. INFORMANT Miss Lucy Bosier
- (ADDRESS) at Moriah Cem

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried in DATE June 8 1944

19. FUNERAL DIRECTOR New Cambrian Sons
- (ADDRESS) Hanson City Mo

20. FILED July 8, 19 Edith Nelson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1944

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:30 A. M.

The principal cause of death and related causes of importance were as follows:

UremiaDate of onset
7-10-44Other contributory causes of importance:
Chronic glomerular nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. D. Atterbury(Address) Camdenton Mo

RECEIVED
District Health Officer No. 7. 859
District File Number 6-44-
Date Filed 7-13-44

JUL 18 1944

STATEMENT BY LICENSED EMBALMER

I, Abbie Bankson Woolery, Licensed Embalmer No. 2488

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Abbie Bankson Woolery

Licensed Embalmer No. 2488

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.)