

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 CamdenRegistration District No. 50(b) Township OsagePrimary Registration District No. 4071Registered No. 70(c) City Camdenton

(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_

James Moore Bosier  
Camdenton, Mo.St. ☐

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)  
Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF \_\_\_\_\_  
(OR) WIFE OF Lucy64

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 7 - 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

76

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.Pix9. Industry or business in which work  
was done, as saw mill, bank, etc.P.O. Clerk10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Howard Co Mo

FATHER

13. NAME

William B14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown

MOTHER

15. MAIDEN NAME

Starris16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Howard Co Mo17. INFORMANT  
(ADDRESS)Miss Lucy Bosier  
Camdenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Buried in

DATE

June 819. FUNERAL DIRECTOR  
(ADDRESS)New Camden Sons  
Camdenton, Mo.

20. FILED

July 8, 19Edith Nelson  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

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

June 71944

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  
7-10-44

Other 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. H. Atterbury

(Address)

Camdenton Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1337

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

JUL 18 1944

STATEMENT BY LICENSED EMBALMER

I, Obbie 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 Obbie 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.)