S. No. 2
M—2-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22249

Registration District No. FILED JUL 6 1944 275

Primary Registration District No. 3053

Registrar's No. 73

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2
2

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

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: Nellie McFarland Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Newburg 0
(If outside city or town limits, write "RURAL")

(d) Street No. R12 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ruth Louise Boulware

3. (b) If veteran, name war —

3. (c) Social Security No. 490-26-5356

4. Sex F1

5. Color or race W

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

6. (b) Name of husband or wife Clyde S. Boulware

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept (Month) 22 (Day) 1923 (Year)

8. AGE: Years 20 Months 8 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Newburg (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business

FATHER
12. Name Wilson King
13. Birthplace Maries Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Effie Birdsong
15. Birthplace Miller Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Wilson King
(b) Address Newburg, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Alfred D. Smith
(b) Address Rolla, Mo

19. (a) 6/3/1944 (Date received local registrar) (b) J Ellis Walter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1944 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from May 10, 1944, to May 31, 1944 that I last saw her alive on May 31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Kidney abscess (left) — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

133 b1

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 0

23. Signature Aldrey McFarland (M. D. or other)

Address Rolla, Mo. Date signed 6/3/44

1992

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1947

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.....

Licensed Embalmer No. 3643

P. O. Address. Cuba, 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.