

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36571

FILED JUL 26 1944

Registration District No. **2006**

Primary Registration District No. **2001**

Registrar's No. **348**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**General Hospital** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **Joplin** **2**  
(If outside city or town limits, write "RURAL") **5**  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Lydia Agness Boswell**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 1, 1877**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **3** Days **10** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Adams County, Ohio.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **James Henry Austin**  
13. Birthplace **Ohio.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mildred Elizabeth Freeze**  
15. Birthplace **Ohio.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Stephanester Baunwell**  
(b) Address **706 Miami, Okla**  
17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **7/14/44**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **G. A. R.**

18. (a) Signature of funeral director **[Signature]**  
(b) Address \_\_\_\_\_  
19. (a) **7-12-44** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11th**  
year **1944.** hour **10:30** A. M. M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from **June 10, 1944** to **July 11, 1944**  
that I last saw him **alive** on **July 11, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral apoplexy.** Duration **3 wks**

Due to **Essential hypertension** unknown

Due to **primary carcinoma of uterus** unknown

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **[Signature]**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **2**

23. Signature **[Signature]** (M. Emballer) \_\_\_\_\_  
Address **Miami Okla** Date signed **7-12-44**

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

1949

44-6-589

**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 H. Summit*  
.....  
Licensed Embalmer No. *Okla 820*

P. O. Address *Picher Okla*

**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.**