

S. No. 2
4-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2333
Registrar's No. 14

Registration District No. 141 Primary Registration District No. 3075

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West Plains Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution. Seventy years (Specify whether
in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 45
(c) City or town White Church 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Louis Boss
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Louisa Stein 6. (c) Age of husband or wife if alive, deceased
7. Birth date of deceased October 27, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 13
year 1945 hour 7 minute P M.
21. I hereby certify that I attended the deceased from 2/18, 1945, to 1/13, 1945
that I last saw him alive on 1/13, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

8. AGE: Years Months Days If less than one day
74 2 16 _____ hr. _____ min.

Due to _____
Due to 462
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Herman Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____
12. Name Theodore Boss
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
16. (a) Informant Sib Boss
(b) Address Colorado
17. (a) Burial (b) Date thereof 1/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation White Church
18. (a) Signature of funeral director _____
(b) Address Willow Springs, Mo.
19. (a) 1/30-45 (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) X
(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? X (Specify type of place) (e) Means of injury X
Signature Maurice Haulson (M. D. or other) M.D.
Address West Plains, Mo. Date signed 1/17/45

1125 (Licensed Embalmer's Statement on Reverse Side)

7-1

NOTED
Lic. No. 3379
24562
2-8-45

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. A. Burns
Licensed Embalmer No. 3379
P. O. Address Willow Springs, 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.