S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6928

Registration District No. 295 Primary Registration District No. 4442 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 92yrs Imo 8da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Higbee Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Malinda Bozart
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 10 (Day) 1853 (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	1	8	hr. min.

9. Birthplace Howard Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation House ~~Wife~~ Wife
11. Industry or business
FATHER
12. Name London Turner
13. Birthplace Howard Co Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Clementine Pattrick
15. Birthplace Howard Co Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Lola Turner
(b) Address Higbee Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Col. Cem. Higbee Mo
18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo.
19. (a) 2-20-45 (Date received local registrar) (b) Mrs. P. V. Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1945 hour 6 minute 10 a M.
21. I hereby certify that I attended the deceased from March 5, 1945, to Feb 13, 1945
that I last saw her alive on Feb 18, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Myocarditis + Chronic Bronchitis	
~~Due to~~	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1	
Major findings: Of operations 92	
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. H. Hiss (M. D. ~~or other~~)
Address Higbee Mo Date signed 2-19-45

1027

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-45-433
Date Filed MAR 8 1945

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.