

**FILED JUL 1 8 1946**

Registration District No. \_\_\_\_\_

Primary Registration District No. **40015004**

Registrar's No. **177**

1. PLACE OF DEATH:

(a) County **Adair**

(b) City or town **Novinger**

(c) Name of hospital or institution:  
**R. R. #2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)

In this community **Most of life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**

(c) City or town **Novinger**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R. R. #2**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Addie Bōzarth**

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Major R. Bōzarth**

6. (c) Age of husband or wife if alive **16** **1868**  
(Month) (Day) (Year)

7. Birth date of deceased: **Oct.**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **26**

If less than one day **hr.** **min.**

9. Birthplace **Unknown Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **James Jones**

{ 13. Birthplace **Unknown Tenn.**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Mary Jones**

{ 15. Birthplace **Unknown Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Grace Daniels.**

(b) Address **Novinger, Missouri**

17. (a) **Burial** (b) Date thereof **6/15/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ringo Point Cmt.**

18. (a) Signature of funeral director **D. Kirkley**

(b) Address **Kirkville, Mo.**

19. (a) **6-29-46** (b) **Kate Lambert**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**  
year **1946** hour **10:00** minute **A.**

21. I hereby certify that I attended the deceased from **6/6/46** to **6/12/46**  
that I last saw her alive on **6/10/46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial insufficiency**  
Duration

Due to **age most likely.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **gall**

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 \_\_\_\_\_

23. Signature **W. Munn** (M. D. or other)  
Address **Novinger, Mo.** Date signed **8-15-46**

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

RECEIVED

District Health Officer No. 10

District File Number 7-46-1248

Date Filed JUL-3-1946

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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 D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kentville 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.