

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8754

State File No.

Registration District No. 131

Primary Registration District No. 4202

Registrar's No.

1. PLACE OF DEATH:

(a) County Shundy

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

(c) Name of hospital or institution: _____
(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 Mo (b) County Shundy

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME. Mary Elizabeth Bosley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife William Bosley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 18 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>6</u>	<u>2</u>	hr. min.

9. Birthplace Mercer Co Mo. A
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Henry Stanturf

13. Birthplace _____ (City, town, County) (State or foreign country)

14. Maiden name Leah Harlan

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Delvin Roberts
(b) Address Spickard Mo

17. (a) Burial (b) Date thereof Nov-23-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Home Spickard Mo.

18. (a) Signature of funeral director Schoolcraft Home
(b) Address Spickard Mo

19. (a) 3/24/47 (b) Mrs. Nathan Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1947 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from Mar 13
1947, to March 18, 1947
that I last saw him alive on Mar 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broncho Pneumonia
followed by Influenza

Due to _____

Due to _____

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

Major findings: 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)
(c) Means of injury D

23. Signature E.W. Evans (M. D. or other) _____
Address Spickard Mo Date signed 3/24/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3-28-47 p. 11

MAR 31 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 *Cass Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.