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5-17-39
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THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14024
Registrar's No. 50

FILED APR 21 1947
383
Registration District No. _____

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 days
(Specify whether years, months or days)

In this community 36 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clifford Evert Boswell

3. (b) If veteran, name war No

3. (c) Social Security No. 441-05-3031

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alta M. Swindell

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Feb. 6 1901
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|--|
| Years | Months | Days | If less than one day |
| <u>46</u> | <u>1</u> | <u>0</u> | hr. <u> </u> min. <u> </u> |

9. Birthplace Purdy Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farm and Dairy

11. Industry or business _____

MOTHER'S FATHER { 12. Name Fred H. Boswell

{ 13. Birthplace Rocky Comfort Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Rosa Lowery

{ 15. Birthplace Purdy Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
San. Mt. Vernon, Mo

(b) Address Mo State

17. (a) Burial (b) Date thereof Mar 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Church Cemetery

18. (a) Signature of funeral director Bennett + Worthington

(b) Address 4-2-49

19. (a) 4-2-49 (b) DR Philbrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route 2
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1947 hour 1:15 minute P M.

21. I hereby certify that I attended the deceased from Jan 30, 1947 to March 6, 1947
that I last saw him alive on March 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma with metastases to
Due to Expiration Unknown

Duration _____

Due to _____

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

Major findings: 47C
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 job) (e) Means of injury _____

23. Signature Miss Jackson (M. D. or other) _____
Address Mo Date signed 3-6-47

RECEIVED
District Health Officer No. 6,
District File Number 447-434
Date Filed APR 16 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 R. Jordan Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.