

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14590**

Registration District No. **291**

Primary Registration District No. **4433**

Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **Putnam**
(b) City or town **Unionville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Amy Elizabeth Bomgardner**

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

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W 2**
6. (b) Name of husband or wife **C. Lincoln Bomgardner**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **April 4 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **-** Days **1** If less than one day hr. min.

9. Birthplace **Putnam Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **homework**

11. Industry or business

MOTHER FATHER { 12. Name **Adelbert Putnam**
13. Birthplace **Mass**
(City, town, or county) (State or foreign country)
14. Maiden name **Hannah Beach**
15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Helen Russell**
(b) Address **Unionville, Mo.**
17. (a) **B.** (b) Date thereof **4-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Unionville, Mo.**
18. (a) Signature of funeral director **H. Husted & Son**
(b) Address **Unionville, Mo.**

19. (a) **4-14-47** (b) **Marvell D. Dush**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Putnam**
(c) City or town **Unionville, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5th**
year **1947** hour **9** minute **--** P.M.

21. I hereby certify that I attended the deceased from **March 19 1947** to **April 5, 1947**
that I last saw her alive on **April 5, 1947**
and that death occurred on the date and hour stated above.
Immediate cause of death **Influenza** Duration **3 weeks**

Due to
Due to
Other conditions **Mr. Charles Harold Bin**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **mD**
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 **H. Husted & Son** (M. D. or other)
Address **Unionville, Mo.** Date signed **4/14/47**

RECEIVED
District Health Officer No. 10
District File Number 4-47-688
Date Filed APR 21 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.....

• Licensed Embalmer No.....

P. O. Address.....

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.