. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1948

Registration District No. 282

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42640

Primary Registration District No. 3055

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: Ozark Hotel (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 Missouri (b) County Polk 84

(c) City or town Bolivar (If outside city or town limits, write "RURAL") 1

(d) Street No. Ozark Hotel (If rural, give location) 1

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jessie ~~May~~ Leon Boner

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife John A. Boner

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. (Month) 14 (Day) 1890 (Year)

8. AGE: Years 57 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Bolivar (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Thad S. Evans
13. Birthplace Bolivar (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Zona Mae Cox
15. Birthplace Buffalo (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant John A. Boner

(b) Address Bolivar, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. (Month) 30 (Day) 1947 (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) Dec 30, 1947 (Date received local registrar) (b) Ralph Garden (Registrar's signature) 250 Bagwell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1947 hour 5 minute 32 P.M.

21. I hereby certify that I attended the deceased from 1946, 19, to 12-27, 1947 that I last saw her alive on 12-27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to High Blood Pressure, Chronic Interstitial Nephritis & Myocarditis.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 [signature] (Name of other)

Address Bolivar Mo. Date signed 12-29-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-47-2039
Date Filed 1-8-48

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 [signature]

Licensed Embalmer No. 3053 Bar

P. O. Address Bolivar, 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.