

FILED JAN 22 1948

Registration District No. **347**

Primary Registration District No. **4513**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Rural - Green
(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.
In this community, Life years, months or days (Specify whether)

3. (a) PRINT FULL NAME JAMES W. BOZARTH

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Gladys Williams Bozarth 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Aug 3 1902 (Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business
12. Name Major R. Bozarth
13. Birthplace Adair Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Edith Jones
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Gladys Bozarth
(b) Address Green Castle Mo.

17. (a) Burial (b) Date thereof 1-9-1948 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Castle Mo.

18. (a) Signature of general director Henry E. Gentry
(b) Address Green City Mo.

19. (a) 1-12-1948 (b) John M. Shaw (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Green Castle Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation
Hanging by the neck by a rope
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No
Of autopsy No
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) suicide
(b) Date of occurrence Jan 6 - 1948
(c) Where did injury occur? near Green Castle Sullivan Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm - in barn.
While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature G. D. Crocker (M. D. or other) MD
Address Newtown Mo. Date signed 1/8/48

RECEIVED
District Health Officer No.
District File Number 48-98
Date Filed JAN 19 1948

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address. Green City, 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.