

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 4760

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

Louis D. Bose

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Stella Bose

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 14 - 1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>4</u>	hr. min.

9. Birthplace Whitney Co. - Indiana  
(City, town or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business "

MOTHER FATHER

12. Name unknown unknown

13. Birthplace " "  
(City, town or county) (State or foreign country)

14. Maiden name unknown unknown

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

16. (a) Informant Mrs. Stella Bose

(b) Address Graham, Mo.

17. (a) Burial (b) Date thereof 3-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham Cem.

18. (a) Signature of funeral director G. M. Atchison

(b) Address Maryville - Mo.

19. (a) 2-26-48 (b) Bess Holtz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Graham  
(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 March day 18  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 18  
3:30 PM, 1948, to March 18, 1948,  
that I last saw him alive on March 18, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia of  
Burns Duration 19 hrs

Due to 2<sup>nd</sup> + 3<sup>rd</sup> - Burns of  
Trunk, neck, face, both hands

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 10/15

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) Accident

(b) Date of occurrence March 18, 1948

(c) Where did injury occur? Graham Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Burned

23. Signature E. P. Jones (M. D. or other) MD

Address Maryville Mo. Date signed Mar 19

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

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**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 G. M. Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville 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.**