FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 24 1948

Registration District No. 8

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 19002

Registrar's No. 79

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

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether
In this community 4 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER 27
(c) City or town BUNCETON (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. PALESTINE TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EVELYN CLARA BOSAU
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL 14 - 1933 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
15	1	23	hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation SCHOOL GIRL
11. Industry or business BUNCETON HIGH SCHOOL

FATHER
12. Name KARL BOSAU
13. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name CLARA FRIELING
15. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant KARL BOSAU
(b) Address BUNCETON - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation LONE ELM CEMETERY
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE - MO.
19. (a) 6-11-48 (Date received local registrar) (b) D. E. Hooper (Registrar's signature) 13 X 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 6th year 1948 hour 10:25 minute a M.

21. I hereby certify that I attended the deceased from 2 June 48, 19, to 6 June 48, 19; that I last saw her alive on 6 June 48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death encephalitis	4 days
Due to secondary or following measles	10 days
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings: Of operations none except spinal puncture showed 62 lymphocystes/cmm
Of autopsy none done

PHYSICIAN
Underline the cause of 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 Arie C. Van Rooijen (M. D. or other) MD
Address 329 Main St., Boonville, Mo Date signed 6/11/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 6-23-43

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 Fred W. Harris Registered Apprentice No. 476 working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.