

No. 2  
1/47  
17-39

National Office of Vital Statistics  
**FILED JUN 16 1948**  
Registration District No. **376**

Primary Registration District No. **3059**

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**  
(c) City or town **Elvins**  
(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.....

3. (a) PRINT FULL NAME **BRENDA SUE BOSWELL**

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

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: **October 19, 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**4 7 20** ..hr. ....min.

9. Birthplace **Elvins, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business.....

12. Name **Glenwood Boswell**

13. Birthplace **Morehouse, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Stella Cash**

15. Birthplace **Desloge, Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Glenwood Boswell**

(b) Address **Elvins, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June-12-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Francois Memo.**

18. (a) Signature of funeral director **Sparks**

(b) Address **Flat River, Mo**

19. (a) **6-10-48** (Date received local registrar) (b) **Ether Pudloff** (Registrar's signature)

Jefferson City Printing Co. **207**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9** th.  
year **1948** hour **1** minute **50** A.M.

21. I hereby certify that I attended the deceased from **11 P.M. June 8, 1948** to **11:45 P.M. June 9, 1948**; that I last saw her alive on **June 8, 1948**; and that death occurred on the day and hour stated above.

Immediate cause of death: **Bronchial Pneumonia** **3 day.**

Due to **Complicated by**

**Cardiac failure**

Other conditions..... (include pregnancy within 3 months of death)

Major findings: Of operations..... **107**

Of autopsy.....

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 **2**

23. Signature **Theodore Paul** **20**

Address **Flat River, Mo** Date signed **6/10/48**

PHYSICIAN  
Underline the cause of which death should be charged statistically.

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RECEIVED

Health Officer No. 4  
File Number 648-755  
Date Filed 6-15-48

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 Tru phal parks

Licensed Embalmer No. 4236

P. O. Address St. Louis, 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.