

FILED AUG 6 1948
Registration District No. 227

Primary Registration District No. 4339-5804

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Paris R.R.
(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 about 3 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe

(c) City or town Paris R.R.
(If outside city or town limits, write "RURAL")

(d) Street No. rural, give location

(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Amanda Jane Boshue

3. (b) If veteran name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 6 minute 30 a.m.

4. Sex Female 5. Color or race w

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

6. (b) Name of husband or wife Joseph W. Boshue 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Joseph 16 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3rd 1948 to July 27 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 00 Days 11 If less than one day hr. min.

Immediate cause of death: Cardiac and respiratory failure

Due to cardiac decompensation

Due to and chronic gall bladder condition

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

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

10. Usual occupation at home

11. Industry or business at home

Major findings: Of operations (3)

Of autopsy (3)

MOTHER FATHER

12. Name Samuel Maloney

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

14. Maiden name Edwina Starnes

15. Birthplace Monroe Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Agostino Occorsio Boshue

(b) Address Paris Mo

17. (a) burial (b) Date thereof 7-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Hill

18. (a) Signature of funeral director Ed A. Boshue

(b) Address Paris Mo

19. (a) July 30 - 1948 (b) Elbert Baker M.D.
(Date received local registrar) (Registrar's signature)

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) 2

(e) Means of injury:

23. Signature Wells & Christman or other do

Address Paris, Mo Date signed 7-27-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 8-48-139

Date Filed AUG 4 - 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 Mrs. Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address Murphy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.