

FILED AUG 14 1950
Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3615 Shanandoah Avenue
(If rural, give location)
(e) Citizen of foreign country? No 2179 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Bostwick
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 24, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 3 7 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Harvey Kinney
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Rolla, Mo

17. (a) Burial (b) Date thereof 8-4-50
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville Ill

18. (a) Signature of funeral director L. C. Collinsville Ill
(b) Address 37 Fernside Mo

19. (a) 8-1-50 (b) Nadine L. Steele
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
year 1950 hour 6 minute 30 p.m.

21. I hereby certify that I attended the deceased from August 1, 1949, to July 31, 1950;
that I last saw her alive on July 31, 1950;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration _____

Due to _____

Due to _____

Other conditions 1948
(Include pregnancy within 3 months of death)

Major findings: Smiley
Of operations _____

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 injury) _____

While at work? _____
Means of injury _____

23. Signature Widney McFarland (M. D. or other) MD
Address Rolla, Mo Date signed 8-1-50

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

RECEIVED 8-10-50

Phelps County Health Officer,

County File Number _____

Date Filed 8-11-50

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 _____

me

Registered Apprentice No. _____

working under my personal supervision.

Signed *Orville E. Lichtner*

Licensed Embalmer No. *3544*

P. O. Address *St James*

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

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

7