No. 300
10.48

FILED AUG 20 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28972

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5933 Registrar's No. 255

800

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Longwood
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City Mo 3003
d. STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print) a. (First) L b. (Middle) L c. (Last) Boswell

4. DATE OF DEATH (Month) (Day) (Year) 7-17-1952

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 12-31-1891
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Selma Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Major Boswell
13b. MOTHER'S MAIDEN NAME Rose Boswell
14. NAME OF HUSBAND OR WIFE Dora Bell Boswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Charlene Boswell ADDRESS Kansas City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homicide by firearms — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. E981X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM HOME
21c. (CITY, TOWN, OR TOWNSHIP) LONGWOOD (COUNTY) PETTIS (STATE) MISSOURI

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JULY 17 1952 12:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Homicide by firearms.

22. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as Corner, ~~19__, that I last saw the deceased alive on 19__~~, and that death occurred at 12:15 P m., from the causes and on the date stated above.

23a. SIGNATURE Chas Gordon Stauffacher (Degree or title) MD
23b. ADDRESS Corner Pettis Co
23c. DATE SIGNED 7-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-24-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Kansas City Jackson (State) Mo

DATE REC'D BY LOCAL REG. 7/24/52
REGISTRAR'S SIGNATURE A. J. Campbell MD Hall Dept. 251-1
25. FUNERAL DIRECTOR'S SIGNATURE A. D. Ferguson ADDRESS Sedalia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1952

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.