

FILED FEB 27 1956 STANDARD CERTIFICATE OF DEATH

State File No. 5282

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lone Jack (rural)		c. CITY OR TOWN Lone Jack (rural)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 55 yrs.		e. STREET ADDRESS (If rural, give location) R.F.D. (Van Buren Twp.) 7000	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.F.D. (Van Buren Twp.)			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Alfred	c. (Last) Boswell	4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 26, 1877	9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (City and State or Foreign Country) Pleasant Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James W. Boswell	13b. MOTHER'S MAIDEN NAME Josephine Wilson	14. NAME OF HUSBAND OR WIFE Katherine Boswell, deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Sam Boswell	ADDRESS Lone Jack, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accidents		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		Recurrent.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-15, 1955, to 2-14, 1956, that I last saw the deceased alive on 2-14, 1956, and that death occurred at 5A m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Edmund M.D.	23b. ADDRESS Pleasant Hill, Mo.	23c. DATE SIGNED 2-14-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 16, 1956	24c. NAME OF CEMETERY OR CREMATORY Underwood Cem.	24d. LOCATION (City, town, or county) (State) Lone Jack (rural), Mo.
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DATE REC'D BY LOCAL REG. 2-27-56	REGISTRAR'S SIGNATURE Clyde A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brownfield-Stanley Pleasant Hill, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Allen P. Mansfield*

Licensed Embalmer No. *378*

P. O. Address *Albany, N.Y.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.