

S. No. 2
DM-543
v. 5-17-39
P. 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33560**

FILED NOV 12 1947

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **297**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. O. S. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **yes** (Specify whether)
In this community **Three Months**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Poplar Bluff,**
(If outside city or town limits, write "RURAL")
(d) Street No. **940 Harper**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Pearl I. Bostic**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Charles Bostic** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **Feb. 20 1897**
(Month) (Day) (Year)

8. AGE: Years **50** Months **8** Days **8** If less than one day
hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business **Above**

12. Name **Jeff D. Thompson**

13. Birthplace **Taenton Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mollie Nixon**

15. Birthplace **Harviel Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Bostic**

(b) Address **Poplar Bluff, Missouri**

17. (a) **Burial** (b) Date thereof **10-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Day Funeral Home**

(b) Address **Malden, Missouri**

19. (a) **11-5-47** (b) **Kato Lambert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**
year **1947** hour **12** minute **18** a. M.

21. I hereby certify that I attended the deceased from **July 26**, 19**47**, to **July 28**, 19**47**.
that I last saw her alive on **Oct 28**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Toxemia - uremia**
Due to **multiple lines of abscesses + ulcers on lower extremities**

Other conditions **Thrombosis of lower portion of aorta; meningitis**
(Include pregnancy within 3 months of death)

Major findings: **cloudy swelling of liver + kidneys**
Of autopsy **ok**

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 _____

23. Signature **D. Diphant** (M. D. or other) **DD**
Address **KCOS, Kirkville, Mo** Date signed **11/3/47**

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

MOTHER FATHER

REC 31 1947

RECEIVED
District Health Officer No.
District File Number 11-47-14
NOV 11 1947

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.....

James J. Taylor

....., Registered Apprentice No. *436*

working under my personal supervision.

Signed..... *Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Jenison, 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.