

JUN 19 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18910  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Galena Primary Registration District No. 2002 Registered No. ....  
(c) City Joplin (d) Street No. 1302 East G Street St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Armogene L. Bouse

(a) Residence, No. 1302 E. G Street St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E. Bouse  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1868  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
70 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

FATHER 13. NAME David C. Lucas  
14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elva Lampton  
16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Mrs. Harvey James (ADDRESS) 319 Moffet, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark Memorial DATE 5-3-39

19. FUNERAL DIRECTOR (NAME) Hurlbut Und. Co (ADDRESS) 212 Joplin, Joplin, Mo.

20. FILED 8-1 1939 Ed D James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-39, 1939  
22. I HEREBY CERTIFY, That I attended deceased from General, 1939.  
I last saw him alive on 5-1-39, 1939 Death is said to have occurred on the date stated above, at 4:30 P. M.  
The principal cause of death and related causes of importance were as follows:

Uremia  
Chronic Nephritis  
Hypertension  
Date of onset 1/31

Other contributory causes of importance:  
Name of operation lol Date of ho  
What test confirmed diagnosis? lol Was there an autopsy? ho

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury 19  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Ed D James M. D.  
(Signed) Joplin, Mo.  
(Address) Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1248

Date Filed JUN 9 1939

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 Perry C. Schubert

Licensed Embalmer No. 959

P. O. Address Spencer, Va

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, above space should be left blank.