

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10038**

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **96**

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

1. PLACE OF DEATH:

(a) County **BOONE**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **NO**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1130 Locust St**
(If rural, give location)
(e) Citizen of foreign country? **0 NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **WILLIAM E. BOSWELL**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **HATTIE BOSWELL** 6. (c) Age of husband or wife if alive, years **20**
7. Birth date of deceased **APRIL 20 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **15** If less than one day hr. min.

9. Birthplace **Boone Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Book Keeper Retired**

11. Industry or business

MOTHER FATHER { 12. Name **JAMES M. BOSWELL**
13. Birthplace **Roanoke W. VA.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Jane Easley**
15. Birthplace **Boone Co Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Housa Pantel**
(b) Address **Columbia Mo**
17. (a) **Burial** (b) Date thereof **APRIL 6 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Columbia Cem**

18. (a) Signature of funeral director **P. Currier**
(b) Address **Columbia Mo**
19. (a) **4/8/41** (b) **Allie Selby**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5th**
year **1941** hour **4:30** minute **PM**
21. I hereby certify that I attended the deceased from **Mar-29-**
1941 to **Apr-5-** **1941**;
that I last saw him alive on **Apr-4-** **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Emphysema**
Duration

Due to
Due to
Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**
Underline the cause to which death should be charged statistically.

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?
74 (Specify type of place)
While at work? (e) Means of injury
23. Signature **F. C. Suggelt** (M. D. number)
Address **Columbia, Mo** Date signed **4-8-41**

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.....

R. Powell

.....
Licensed Embalmer No.....

P. O. Address.....

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.