

FILED AUG 7 1942

Registration District No. 87

Primary Registration District No. 3007

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

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Poplar Bluff
 (c) Name of hospital or institution: Poplar Bluff Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 hours
 (Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME Baby Bohes Boshers
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 2, 1942
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 17 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Henry Bohes Boshers
 13. Birthplace Corning Ark.
 (City, town, or county) (State or foreign country)
 14. Maiden name Thelma Lee Williams
 (City, town, or county) (State or foreign country)
 15. Birthplace Reno, Ark.
 (City, town, or county) (State or foreign country)

16. (a) Informant Henry Bohes Boshers
 (b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 7-3-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Greer Croy Service
 (b) Address Poplar Bluff, Mo.

19. (a) 7-6-42 (b) Belle Thirne
 (Date received local registrar) (Registrar's signature)

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. Poplar Bluff, Poplar Hospital
 (If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 3
 year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw h im alive on July 3 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature separation of placenta
 Due to Placenta previa
 Due to 159

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Premature separation of placenta & placenta previa
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Yes
 (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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other)
 Address Poplar Bluff, Mo. Date signed _____

Duration _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 842-935

Date Filed 8/14/42

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.

not embalmed

Signed.....

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.