

S. No. 2
DM-542
EX. 5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14485

State File No.

FILED MAY 6 1943

Registration District No. 130

Primary Registration District No. 5522

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Jackson Co

(b) City or town Little Blue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co Home for the Aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 2 mo 21 ds
(Specify whether years, months or days)

In this community 3 mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Little Blue
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME JESS BOSWELL

3. (b) If veteran, name war NO

3. (c) Social Security No. DONTKNOW

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive:

7. Birth date of deceased: Oct 28 '78
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>05</u>	<u>3</u> hr. min.

9. Birthplace: Flattersburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: unemployed

12. Name: Dont Know

13. Birthplace: Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name: Dont Know

15. Birthplace: Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant: county home record

(b) Address: Little Blue Mo

17. (a) Funeral home (b) Date thereof: 4-6-43
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation: W. T. All City

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1 year 43 hour 1 minute 39 M.

21. I hereby certify that I attended the deceased from Jan 1943 to Apr 1 1943 that I last saw him alive on Apr 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis
Duration: about 3 months

Due to:

Due to:

Other conditions: 138
(Include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) While at work?

(f) Means of injury:

23. Signature: Sam Stiffen (M. D. or other) 2

Address: Little Blue, Mo Date signed: 4-1-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1162

(Licensed Embalmer's Statement on Reverse Side)

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

working under my personal supervision.

Registered-Apprentice No.

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.