

FILED DEC 8 1943

Registration District No. 7

Primary Registration District No. 5422

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett R-2
(c) Name of hospital or institution: Ind. ...
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin
(c) City or town Kennett R-2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bornie Gail Bomur

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 4 2 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 13 _____ hr. min.

9. Birthplace Kennett MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Don't know
13. Birthplace Don't know Pa. Bomur
(City, town, or county) (State or foreign country)
14. Maiden name Don't know Bomur
15. Birthplace Kennett MO
(City, town, or county) (State or foreign country)

16. (a) Informant C. A. Bomur

(b) Address Kennett R-2

17. (a) Burial (b) Date thereof 11-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphy Cemetery

18. (a) Signature of funeral director L. ...

(b) Address Kennett MO

19. (a) 11-20-43 (b) J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-1-43
_____, 19____, to 11-16, 1943;
that I last saw her alive on 11-14-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. ... (M. D. or other) MD

Address Kennett MO Date signed 11-16-43

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

RECEIVED

District Health Office No. 2,

District File Number 1243-1492

Date Filed 12-3-43

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

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.