

FILED MAR 17 1944

Registration District No. _____

Primary Registration District No. 4159

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Daniel
(b) City or town Pattersonburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Daniel
(c) City or town Pattersonburg (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

Emma Louiza Bozarth
3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4 year 1944 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from 12-2-43 19____ to 2-4-44 19____ that I last saw him alive on 2-4 19____ and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, unmarried
6. (b) Name of husband or wife Ira Austin Bozarth (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Jan 31 1863 (Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 15 days

8. AGE: Years 81 Months 1 Days 4 If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions Essential Hypertension (Include pregnancy within 3 months of death) 2 years

10. Usual occupation House wife

Major findings: Of operations 108
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Charlie R. Bozarth
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name Mary Stout
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant John A. Bozarth
(b) Address Pattersonburg MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation church

18. (a) Signature of funeral director [Signature]
(b) Address Pattersonburg MO

19. (a) 2-7-1944 (Date received local registrar) (b) L.O. Fichelson (Registrar's signature)

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 2
23. Signature [Signature] (M. D. or other) Do
Address Pattersonburg MO Date signed 2-7-44

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

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

E. Bromer

Licensed Embalmer No.

2854

P. O. Address

Daronsburg, Pa

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.