

FILED OCT 11 1945

Registration District No. **107**

Primary Registration District No. **3019**

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

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Kennett**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Presnell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 years** (Specify whether years, months or days)
In this community **6 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Campbell "Rural"**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Boshell

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 **married**
6. (b) Name of husband or wife **Etter Boshell** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **August 16 1880**
(Month) (Day) (Year)

8. AGE: Years **65** Months **0** Days **14** If less than one day hr. min.

9. Birthplace **Alabama** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER

12. Name **Nick Boshell**
13. Birthplace **Alabama** (City, town, or county) (State or foreign country)
14. Maiden name **Sarah Douglas**
15. Birthplace **Alabama** (City, town, or county) (State or foreign country)

16. (a) Informant **wife - Etter Boshell**

(b) Address **Campbell, Mo R2**

17. (a) **Burial** (b) Date thereof **Sept 3-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Campbell, Woodlawn**

18. (a) Signature of funeral director **Landers Funeral Home**

(b) Address **Campbell Mo**

19. (a) **9-2-45** (b) **Carl Huston**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **30th**
year **1945** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **March 1945** to **Aug. 30 1945**

that I last saw him alive on **8-30-45**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Myo-cardial heart disease**
MINOR disease
Chronic nephritis

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

131

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) Means of injury _____

23. Signature **H. C. Wilson** (M. D. or other) **MD**

Address **Kennett, Mo.** Date signed **9-3-45**

RECEIVED

District Health Office No. 2

District File Number 1042-3112

Date Filed 10-8-42

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.

Signed EW Sanders

Licensed Embalmer No. 2289

P. O. Address Campbell, Mo.

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.