

FILED MAY 20 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 155

1. PLACE OF DEATH:

(a) County: Butler
(b) City or town: Poplar Bluff.
(c) Name of hospital or institution: Poplar Bluff, BRANSON
(d) Length of stay: In hospital or institution: Twenty Eight Days, (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard 103
(c) City or town: Puxico Rural
(d) Street No. 0
(e) Citizen of foreign country? (Yes or No) /
If yes, name country.

3. (a) PRINT FULL NAME: Emma Myrtle Boswell.

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

4. Sex: F / 5. Color or race: W / 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: JESS BOSWELL 6. (c) Age of husband or wife if alive years: 20 1888
7. Birth date of deceased: March 20 1888 (Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 17 If less than one day hr. min.

9. Birthplace: Vincient Ind, (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business: House Work.

MOTHER FATHER { 12. Name: William Anthis, 7
13. Birthplace: no data 7
14. Maiden name: no data 9
15. Birthplace: no data 9

16. (a) Informant: Jess Boswell
(b) Address: Puxico Missouri,

17. (a) Burial (b) Date thereof: 5 9 46 (Month) (Day) (Year)

(c) Place: burial or cremation: Puxico Missouri,

18. (a) Signature of funeral director: LYMAN STEELE

(b) Address: Puxico Missouri,

19. (a) 5/11/46 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day 7 year 1946 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 8 1946 to May 7 1946 that I last saw her alive on May 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia
Due to: Hypertensive Cardiac Vascular Renal Disease
Due to: Disease

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

Major findings: Of operations: 131a
Of autopsy: _____

Duration
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) _____ Means of injury _____

23. Signature: [Signature] (M. D. or other) _____
Address: Poplar Bluff, Mo. Date signed: 5-10-46

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

14763

2
7
3

RECEIVED

District Health Office No. 2,

District File Number 446-624

Date Filed 5-16-46

SEP 3 1947

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 Rymour Steele

Licensed Embalmer No. 2476

P. O. Address Wester 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.