

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36627

FILED DEC 6 1946

State File No.

Registration District No. 20

Primary Registration District No. 5451

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town ALANTHIS GROVE, Wilson, TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. ✓
(Specify whether years, months or days) 81-8-27

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town ALANTHIS GROVE - Wilson, TOWNSHIP
(If outside city or town limits, write "RURAL") OK

(d) Street No. No street number
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No?)
If yes, name country: _____

3. (a) PRINT FULL NAME Milford CAIN BOSS

3. (b) If veteran, name war: No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1946 hour 9 minute 45 P.M.

4. Sex Male 5. Color or race Wht.

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

6. (b) Name of husband or wife JUNIE BOSS

6. (c) Age of husband or wife if alive ✓ years 23

7. Birth date of deceased 2-18-65
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 27th 1946, 1946 to Nov 20th, 1946 that I last saw him alive on Nov 20th, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 8 Days 27 hr. _____ min. _____
If less than one day

Immediate cause of death: Acute Coronary Thrombosis Short

Due to Chronic Arthritis deformans

Due to Arteriosclerosis

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

9. Birthplace ALANTHIS GROVE (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired Farmer

Major findings: Of operations: 94A

Of autopsy: _____

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

11. Industry or business SAME

12. Name Charles BOSS

13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name HANNA DANBEVER (State or foreign country)

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant OMIN BOSS

(b) Address Gentry, Missouri

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? _____

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov-22-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Trasant Hill Cemetery

18. (a) Signature of funeral director Edward Johnson

(b) Address Stapleton, Missouri

19. No. 23-1946 (Date received local registrar) (Registrar's signature) Edward M. DeBater

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. S. Campbell (M. D. or other) W. S. Campbell

Address Alantnis, Mo Date signed 11-21-46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

J. Ewan Johnson, Registered Apprentice No. _____
working under my personal supervision.

Signed

J. Ewan Johnson
Licensed Embalmer No. 3492
P. O. Address Stanberry 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.