1/47
17-39

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

National Office of Vital Statistics

FILED JAN 9 1948

STANDARD CERTIFICATE OF DEATH

State File No. 3783

Registration District No. 3866 — Primary Registration District No. 4536 — Registrar's No. 3

1. PLACE OF DEATH
(a) County: WASHINGTON
(b) City or town: POTOSI (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 years, months or days) In this community: 86-3-29.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Washington
(c) City or town: POTOSI (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: KATE BOYER
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: WIDOWED
6. (b) Name of husband or wife: 0
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: SEPT (Month) 3 (Day) 1861 (Year)

8. AGE: Years 86 | Months 3 | Days 29 | If less than one day: hr. min.

9. Birthplace: POTOSI (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER 12. Name: Robert Bambal
13. Birthplace: Scotland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Eliza Hopkins
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Frank Douglas
(b) Address: Potosi Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Potosi Mo
18. (a) Signature of funeral director: Bugg Funeral Home
(b) Address: Potosi Mo.
19. (a) 1/6/48 (Date received local registrar) (b) Herbert Udell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2 year 1948 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from 1-1 1948, to 1-2 1948, that I last saw her alive on 1-1 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia — Duration:
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Joseph L. Thurman (M. D. or other)
Address: Potosi, Mo. Date signed: 1-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 148-33

Date Filed 1-8-48

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 Howard Heggenbottom Registered Apprentice No. 53, working under my personal supervision.

Signed C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi Wis

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.