

FILED AUG 2 1948

Registration District No. 360Primary Registration District No. 6225Registrar's No. 100

I. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Washington Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital #32
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yrs 5 mo 14 days
 (Specify whether years, months or days)

In this community same3. (a) PRINT FULL NAME Bertha Boswell3. (b) If veteran, name war V 3. (c) Social Security No. V4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive deceased years7. Birth date of deceased August 17 1880
(Month) (Day) (Year)8. AGE: Years 68 Months 11 Days 10 If less than one day hr. min.9. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business

12. Name Howard Cribbs 913. Birthplace unknown 9
(City, town, or county) (State or foreign country)14. Maiden name Millie Brady 915. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Records(b) Address State Hospital #317. (a) Removal (b) Date thereof 7-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Brighton, Mo.18. (a) Signature of funeral director Erving Blue(b) Address Bolivar, Mo.19. (a) 7-27-48 (b) Ruthie Yancey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
 (c) City or town Brighton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1948 hour 3:35 minute 4 M.21. I hereby certify that I attended the deceased from Jan 17 1948 to July 26 1948
that I last saw her alive on July 26 1948
and that death occurred on the date and hour stated above.Immediate cause of death Hypertensive arteriosclerotic cardiovascular disease

Due to _____

Due to _____

Other conditions old Hemiplegia 9 mo
(Include pregnancy within 3 months of death)Major findings: Manic Depressive Psychosis PHYSICIAN
Of operations _____Of autopsy ADP
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) (a) Means of injury _____

23. Signature James Pascoe (M. D. or other) MDAddress State Hospital #3 Date signed 7-27-48

RECEIVED

District Health Officer No.

District File Number 6-48-86

Date Filed 7-21-48

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Obey J. Foster

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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, above space should be left blank.