

FILED SEP 23 1948

Registration District No. **248**

Primary Registration District No. **4369**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Seneca, Sangre Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **5 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mary Ann Boman

3. (b) If veteran, name war: **—**

3. (c) Social Security No. **—**

4. Sex **F** 1. Color or race **W**
6. (b) Name of husband or wife **J. N. Boman**
6. (c) Age of husband or wife if alive **87** years
7. Birth date of deceased **Jan 25, 1860**
(Month) (Day) (Year)

8. AGE: Years **88** Months **7** Days **17** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Green Stephens**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Compton**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. W. Boman**
(b) Address **Seneca, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 14, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Roller City, Washburn Co.**

18. (a) Signature of funeral director **W. B. Biddlecome**
(b) Address **Seneca, Mo.**

19. (a) **Sept. 13, 48** (b) **Phyllis Britz**
(Date received local registrar) (Registrar's signature) **11/17**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**
(c) City or town **Seneca**
(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: **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **12** year **1948** hour **1** minute **05 P.** M.

21. I hereby certify that I attended the deceased from **Sept 11 48** to **Sept 12 48** that I last saw her alive on **Sept 11 48** and that death occurred on the date and hour stated above.

Immediate cause of death **asphyxiation**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations **3**
Of autopsy

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) (e) Means of injury

23. Signature **W. B. Biddlecome** (M. D. or other)
Address **Seneca Mo** Date signed **9-13-48**

RECEIVED

District Health Officer No. *Newton Co Health Unit*
District File Number *748-376*
Date Filed *9-20-48*

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 *W E Bidlake*

Licensed Embalmer No. *2174*

P. O. Address *Seneca, 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.