

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

6-11-36 I 19381

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35911**

Registration District No. **238**

Primary Registration District No. **4145**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Dade**
(b) City or town **Lockwood, Mo.**
(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)
In this community **55** years, months or days

8. (a) PRINT FULL NAME **Carolina Wilhelmina Boehne**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 1 - 1853**
(Month) (Day) (Year)

8. AGE: Years **86** Months **4** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Westfahlen Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Friedrich Schulte**
13. Birthplace **Westfahlen Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Dont Know**
15. Birthplace **Dont Know**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary J. Boehne**
(b) Address **Lockwood, Mo.**

17. (a) **Burial** (b) Date thereof **Oct 18 - 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lutheran Cemetery**

18. (a) Signature of funeral director **R. L. Hauschild**
(b) Address **Lockwood, Mo.**

19. (a) **10-18-39** (b) **J. D. Combs**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Dade**
(c) City or town **Lockwood**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? **5-5** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **16**
year **1939** hour **9** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Sept 21**, 19**39**, to **Sept 27**, 19**39**,
that I last saw her alive on **Sept 23**, 19**39**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Refractiles** Duration _____

Due to _____
Due to _____

Other conditions **Probably malignant**
(Include pregnancy within 3 months of death)
Major findings: **Of uterus**

Of operations _____
Of autopsy **no**
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 **J. D. Combs** (M. D. or other) _____
Address **Lockwood** Date signed **10-16-39**

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 Me

R. L. Haunschild, Registered Apprentice No. _____
working under my personal supervision.

Signed

R. L. Haunschild

Licensed Embalmer No. 3234

P. O. Address Lockwood, 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.