DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11841

Registration District No. 609 Primary Registration District No. 4863 Registrar's No. 38

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reynolds Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK (Specify whether years, months or days)
In this community 65 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Granby R.F.D. #1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: John E. Boehning SSN
3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Lucy Jane Boehning 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May (Month) 31 (Day) 1858 (Year)

8. AGE: Years 81 Months 8 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace: New Breman (City, town, or county) New York (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____

FATHER
12. Name: John Boehning
13. Birthplace: Bopfingen (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Regina Enslen
15. Birthplace: Bopfingen (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature: Wm Boehning
(b) Address: Seneca Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Farney Cemetery
18. (a) Signature of funeral director: Barly Thompson
(b) Address: Neosho Mo.
19. (a) 4-6-40 (Date received local registrar) (b) Omar R. Sale M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day February year 1940 hour 3:45 minute P. M.
21. I hereby certify that I attended the deceased from Feb 18, 1940, to Feb 24, 1940, that I last saw him alive on Feb 24, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage (Apoplexy)
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: None
Of autopsy: None

Duration

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? (Specify type of place)
(e) Means of injury: ____
While at work: ____

23. Signature: L. R. Reynolds (M. D. or other) M.D.
Address: Neosho Mo. Date signed 4/5-40

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 8-17-39 Form 1 X18511

RECEIVED
District Health Officer No. 6,
District File Number 440-1116
Date Filed APR 12 1940

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 Gail R. Gay, Registered Apprentice No. 189, working under my personal supervision.

Signed Berley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.