No. 2
10-39
7-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22738

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 122

1. PLACE OF DEATH:

(a) County St. Francois St Francois

(b) ~~City or town~~ ~~Farmington~~ Thea
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GASCONADE

(c) City or town Bland 0
(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.? years.

3. (a) PRINT FULL NAME Herman Boettcher 326

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 Married

6. (b) Name of husband or wife Caroline Strehlmann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 15 (Month) 1867 (Day) (Year)

8. AGE: Years 72 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Wollam (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farmer 6

11. Industry or business

FATHER
12. Name Wigman Boettcher 4
13. Birthplace Barrier, Amt Sike, Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarete Koenig
15. Birthplace Riede, Amt Sike, Germany (City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospt. #4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-40 (Month) (Day) (Year)
(c) Place: burial or cremation Owensville, Mo.

18. (a) Signature of funeral director Richardson's Funeral Home
(b) Address Farmington, Mo. 600

19. (a) June 20-40 (Date received local registrar) (b) B. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 1940 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from 6-3, 1940, to 6-20, 1940 that I last saw him alive on 6-20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis with psychosis (Terminal apoplexy and Gastric hemorrhage) Duration 6 yrs 6-20-40

Due to

Due to Generalized arteriosclerosis Kidney and Hypertensive heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

95 B

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 no
(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

23. Signature Geo. Tivis Graves, Jr. (M. D. or other) M.D.
Address Farmington, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, Me

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.