

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31832
 Do not use this space.

FILED OCT 12 1940

1. PLACE OF DEATH Dade

(a) County Dade Registration District No. 238

(b) Township Lockwood Primary Registration District No. 4145

(c) City Lockwood (d) Street No. _____ Registered No. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Freda L. Boehne

(a) Residence, No. Lockwood Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Fred A. Boehne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9-1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>6</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockwood Missouri

13. NAME Henry Bartling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Minden Illinois

15. MAIDEN NAME Minna Winter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Minden Illinois

17. INFORMANT (ADDRESS) Rev Goe Mueller Lockwood, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Semeter DATE June 20 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. L. Hauschild Lockwood Mo.

20. FILED 6-21 1940 J. C. Wren Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-1940

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1940 to 6-18-1940

I last saw her alive on 6-18-1940 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset _____

Other contributory causes of importance: Not known

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) T. D. Combs, M. D.

(Address) Lockwood Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

R. L. H. ...

Licensed Embalmer No. 32384

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.