

No. 2
-12-40
17-39
X23159

Registration District No. 58

Primary Registration District No. 5092

Registrar's No. _____

1. PLACE OF DEATH:

FILED DEC 11 1940

(a) County BATES
(b) City or town PLEASANT GAP TWP BUTLER 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 _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BATES
(c) City or town R7D#5 - BUTLER MO.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME VIRGINIA BELLE BOEHM

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife GEO. H. BOEHM 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 12 - 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace COOPER CO MO. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JOSEPH GANDER

13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)

14. Maiden name MARY SHAWER

15. Birthplace VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant Geo. Boshart
(b) Address R7D 5 - Butler Mo.

17. (a) Buried (b) Date thereof Nov 15 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOUBLE BRANCHES
(d) Signature of funeral director Booths
(b) Address Butler Mo.

19. (a) Nov. 17-40 (b) Mrs. Pauline Bain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 14 year 1940 hour 10 minute am

21. I hereby certify that I attended the deceased from Nov. 3 Oct 1939 to Nov 14 1940, that I last saw her alive on Nov 10 Oct 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Nephritis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1/31

Major findings: Of operations _____ Of autopsy _____

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? 987

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

23. Signature Pauline Bain (M. D. or other) Paul
Date signed Nov 17 1940

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

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1711

Date Filed 12-5-40

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

John A. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, Pa.

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.