

NOV JAN 15 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42473**

Registration District No. **303**

Primary Registration District No. **5420**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Gasconade**  
(b) City or town **Rural Park Jwp**  
(c) Name of hospital or institution: **5 miles South of Hermann, Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **86 years**  
years, months or days **2**

3. (a) PRINT FULL NAME **JACOB BOESCH**

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 **Widowed**

6. (b) Name of husband or wife **Louisa Boesch** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 26 1854**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **6** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Swiss Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Jacob Boesch**

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

14. Maiden name **Elizabeth Kraettli**

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

16. (a) Informant **Henry D. Boesch**

(b) Address **Hermann, Missouri**

17. (a) **Burial** (b) Date thereof **Dec. 11, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Swiss Presby. Cemetery**

18. (a) Signature of funeral director **Hugo H. Blumer**

(b) Address **Hermann, Missouri**

19. (a) **12-10-40** (b) **Anna K. Rickhoff**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5 miles South of Hermann, Mo.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **9**  
year **1940** hour **9** minute **20 A** M.

21. I hereby certify that I attended the deceased from **Aug 7**  
**15**, 1940, to **12-9-40**, 1940.  
that I last saw him alive on **Sept. 12**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to **Arteriosclerosis**  
**to my diagnosis**

Due to \_\_\_\_\_

Other conditions **Arteriosclerosis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **6** **82V**

Of autopsy **none**

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? **274**

(Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **John Engelbrecht** M.D. or other \_\_\_\_\_  
Address **Stanz, N.Y.** Date signed **12-10-40**

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

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**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.....

*H. G. H. Plummer*

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

**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.**