

REG. DIST. NO. 10/24
Registration District No. _____

Primary Registration District No. 4076

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Jackson Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 30 days
years, months or days

3. (a) PRINT FULL NAME HENRY BOSCH
8. (b) If veteran, name war
8. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 21, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____
MOTHER FATHER { 12. Name John Bosch
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine ? unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James O'Neal
(b) Address Jackson Mo

17. (a) Burial (b) Date thereof 2-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director W. Miller
(b) Address Jackson Mo 126

19. (a) 2-17-41 (b) D. G. Schibist
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Nebraska (b) County Nemaha 999
(c) City or town Auburn 55
(If outside city or town limits, write "RURAL") C
(d) Street No. _____
(If rural, give location) 2
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1941 hour 7 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Feb 17, 1941;
that I last saw him alive on Feb 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 days

Due to _____
Due to _____ 100

Other conditions Apoplexy low grade
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? _____

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

23. Signature D. G. Schibist (M. D. or other) 10
Address Jackson Mo 202 Date signed 2-17-41

WHITE 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.

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 Raymond Steele

Licensed Embalmer No. 2476

P. O. Address. Jackson 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.