

1941
MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14489

State File No. _____

Registration District No. 308 Primary Registration District No. 5426 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Entire life in this
years, months or days County

3. (a) PRINT FULL NAME MARTHA BOESCH

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

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

(b) Name of husband or wife Jacob BOESCH 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan. 8 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fredrich Steffen

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

14. Maiden name Hurietta Jespersberg

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

16. (a) Informant Mrs. G. A. Boesch

(b) Address Bland Mo

17. (a) Burial (b) Date thereof 4-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swiss Mo.

18. (a) Signature of funeral director Swiss Funeral Service

(b) Address Bland Mo

19. (a) April 25 1941 (b) Mrs. M. M. M. M. M.
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18
year 1941 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Apr 15
1941 to Apr 18, 1941
that I last saw her alive on Apr 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Apoplexy

Due to Chronic Interstitial

Due to Nephritis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations. 131

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 CA Bunge (M. D. or other) ✓

Address Bland Mo Date signed 4-18-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.