

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18487

Registration District No. 594 Primary Registration District No. 4352-578 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Montgomery,
(b) City or town Rhineland, Mo. Rural
(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 XX
In this community 69-5-2
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Rhineland, Mo. 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.? XX years.

3. (a) PRINT FULL NAME Henry A. Van Booven,
3. (b) If veteran, name war XX
3. (c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 5th
year 1941 hour 4 minute P M.
21. I hereby certify that I attended the deceased from Dead on arrival to his home 1941;
that I last saw him alive on May 4 1941;
and that death occurred on the date and how stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Van Booven,
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Dec 3rd 1871
(Month) (Day) (Year)

Immediate cause of death apoplexy
Due to Cause unknown
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
69 5 2 hr. min.

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

10. Usual occupation Farmer

11. Industry or business
12. Name Wm. Van Booven,
13. Birthplace Unknown German.
14. Maiden name Catherine Michels,
15. Birthplace Hermann, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Van Booven,
(b) Address Bergson, Mo.
17. (a) Burial (b) Date thereof May 7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rhineland, Mo.

18. (a) Signature of funeral director Baron Peter
(b) Address Americus, Mo.
19. (a) 5-7-41 (b) Nana Lee Thompson
(Date received local registrar) (Registrar's signature)

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?
524 (Specify type of place)
While at work? (e) Means of injury
23. Signature W.C. Karyschke (M. D. or other)
Address Rhineland Mo Date signed 5-6-41

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

D. B. Baker.

Registered Apprentice No. _____

working under my personal supervision.

Signed

D. B. Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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, fact should be so stated above.