

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6450

State File No.

Registrar's No.

FILED MAR 11 1942

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Lockwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Lockwood Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community 57 Years one day
years, months or days)

3. (a) PRINT FULL NAME Maria Elisa Wilhelmina Boehne

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

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

6. (b) Name of husband or wife Louie Boehne 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 6-1885
(Month) (Day) (Year)

8. AGE: Years 57 Months -- Days 1 If less than one day -- hr. 20 min.

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

10. Usual occupation House wife

11. Industry or business House Work

12. Name Fredrich Hedeman

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

14. Maiden name Maria Borhphole

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

16. (a) Informant Louis Boehne

(b) Address Lockwood, Missouri

17. (a) Burial (b) Date thereof Feb 9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Immanuel Luth Cemetery

18. (a) Signature of funeral director R. L. Hammond

(b) Address Lockwood, Missouri

19. (a) 2/9/42 (b) Emmanuel Boehne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade
(c) City or town Lockwood
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-7- day 1942
year 1942 hour 12:30 minute -- M.

21. I hereby certify that I attended the deceased from 2-6- to 2-7- 1942
that I last saw her alive on 2-6- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Due to Diabetic Melitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

Of autopsy

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 T. D. Combs (M. D. or other)

Address Lockwood Date signed 2-8-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 342-293

Date Filed MAR 10 1942

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 me

, Registered Apprentice No. 12

working under my personal supervision.

Signed

R. L. Hauschild

Licensed Embalmer No. 3234

P. O. Address

Lockwood, W.

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.