

FILED DEC 10 1942 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 11 years

3. (a) PRINT FULL NAME Wilford Joseph Boehmer

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 child

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

7. Birth date of deceased March 23, 1931
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>7</u>	<u>28</u>	hr. min.

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

10. Usual occupation Student

11. Industry or business.....

MOTHER FATHER

12. Name Adolph Boehmer

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

14. Maiden name Cecilia Kloeppel

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

16. (a) Informant Adolph Boehmer

(b) Address RichFountain, Mo.

17. (a) Burial (b) Date thereof 11-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RichFountain, Mo.

18. (a) Signature of funeral director Clyde Motton

(b) Address Box 144, Hann, Mo.

19. (a) 11-21-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RichFountain, Mo.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 1
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year 1942 hour 11⁰⁰ minute 40 P.M.

21. I hereby certify that I attended the deceased from 11-14 to 11-20, 1942,
that I last saw him alive on 11-20, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Meningitis, Streptococci 10 days
acute

Due to Pneumonia, (ethanol spread + fatal)

Due to Blood stream infection Streptococci

Other conditions.....
Stia

Major findings:
Of operations Sinustis, acute ethanol + fatal

Of autopsy Pneumonia plus meningitis

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature H. Stauffer MD (M. D. or other) 1
Address 301 First Bldg Date signed 11-21-42

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

Vernon J. Morton

Licensed Embalmer No. *4125*

P. O. Address *Levin 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.