

S. No. 1-14-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 200

FILED DEC 9 1942
Registration District No. 294

Primary Registration District No. 6008

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Highway 63 south of Renick
(If not in hospital or institution, write street number and location)

(d) Length of stay: none
In hospital or institution. (Specify whether years, months or days)

In this community none
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Woodbury

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

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

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME LEROY F. BOETTGER

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

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 Aug-12-1921
(Month) (Day) (Year)

8. AGE: Years 21 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Correctionville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation U. S. Army (Reservist)

11. Industry or business

12. Name Fred O. Boettger

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

14. Maiden name Christina Valbert

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

16. (a) Informant Mrs. Fred Boettger

(b) Address Correctionville Iowa

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

(c) Place: burial or cremation Correctionville Ia

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21st
year 1942 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured neck
result auto-truck

Due to wreck

Due to Coroner case

Other conditions 8
(Include pregnancy within 3 months of death)

Major findings: Of operations 1700-72

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-21-42

(c) Where did injury occur? 1770 Cent. Rath. Hld
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Age 63 47m 5 Renick
(Specify type of place)

While at work? no (e) Means of injury Auto wreck

23. Signature W. H. Buffaber (M. D. or other) Coroner
Address Shoberly Mo. Date signed 11/23/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-42-31094

Date Filed DEC - 7 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

R. M. Carter

Licensed Embalmer No.

4117

P. O. Address

Moberly 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.

Registration District No.

Primary Registration District No.

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County **Randolph**
 (b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
In or near Rennick, Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **1 year 5 months 26 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **LEROY F. BOETTGER (Corporal)**

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. **Single**

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

7. Birth date of deceased. **August 12 1921**
(Month) (Day) (Year)

8. AGE: Years **21** Months **3** Days **9** If less than one day **- - -** hr. **-** min.

9. Birthplace **Correctionville Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Soldier-U.S. Army-7060462**

11. Industry or business **Battery B, 80th F.A.**

MOTHER FATHER
 12. Name **Fred O. Boettger**
 13. Birthplace **Unknown - - -**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown - - -**
(City, town, or county) (State or foreign country)

16. (a) Informant **U. S. Army Records**

(b) Address **Ft. Leonard Wood, Missouri**

17. (a) **Removal** (b) Date thereof **Nov 23 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Correctionville Ia**

18. (a) Signature of funeral director **S. L. Nye**
 (b) Address **Reda funeral home Reda**

19. (a) **11/23/42** (b) **W. Schuyler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Woodberry**
 (c) City or town **Correctionville**
(If outside city or town limits, write "RURAL")
 (d) Street No. **- - -**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **- - -**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **21**
 year **1942** hour **10** minute **15** P. M.

21. I hereby certify that I attended the deceased from **- - -** 19 **42** to **- - -** 19 **42**
 that I last saw h. **- - -** alive on **- - -** 19 **42**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **(1) Fracture of cervical vertebrae with compression of spinal cord. (2) Fracture of left femur. Accidentally incurred when car in which soldier was riding collided with a truck.**

Other conditions: **- - -**
(Include pregnancy within 3 months of death)

Major findings: **- - -**
 Of operations **- - -**
 Of a topy **- - -**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident**
 (b) Date of occurrence **November 21, 1942**
 (c) Where did injury occur? **In or near Rennick, Mo.**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
 While at work? **No** (Specify type of place) **Collision**
 (e) Means of injury **Collision**
 23. Signature **Robert A. Brown** (M. D. or other) **M.D.**
 Address **Redwood Wood, MO** Date signed **1-23-42**

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

SUPPLEMENT

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

RECEIVED

District Health Officer No. 10

District File Number 12-42-3094

Date Filed DEC - 7 1942

5-37858

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.....

Ans Embalmer at Rensselaer Mo....., 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, fact should be so stated above.