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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7767

Registration District No. 323 Primary Registration District No. 6090 Registrar's No. 92

1. PLACE OF DEATH:

(a) County SALINE

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

(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE 54

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

(d) Street No. 9 MI NORTH AND EAST OF SWEET SPRINGS MO
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓ /

3. (a) PRINT FULL NAME JOHN THOMAS BOSCHERT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife WAUGHNETA BOSCHERT

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased NOV (Month) 15 (Day) 1865 (Year)

8. AGE: Years 77 Months 3 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace ST CHARLES MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business GEN CONTRACTOR

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant ALBERT BOSCHERT
(b) Address MAYVIEW MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB (Month) 20 (Day) 1943 (Year)
(c) Place: burial or cremation MT WASHINGTON CEMETERY → 1 C. Mo

18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO

19. (a) Feb 20 43 (Date received local registrar) (b) Mrs Dora Hoffmann (Registrar's signature)

1218

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day FEB year 1943 hour 11 minute 30 AM.

21. I hereby certify that I attended the deceased from Feb. 18 - 1943, to Feb 18 - 1943 that I last saw him alive on Feb. 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Unknown

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? C. Mo
(Specify type of place)

While at work? (e) Means of injury

23. Signature Jno B Willis D (M. D. ~~or other~~)

Address Mayview, Mo. Date signed 2/18/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 3-10-43

OCT 15 1958

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.....,

working under my personal supervision.

Signed E. L. Jones

Licensed Embalmer No. 2058

P. O. Address Concordia 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.