No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10162

State File No.

FILED APR 14 1943

Registration District No. 443

Primary Registration District No. 5430

Registrar's No.

36
0
0

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

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 1
(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) Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin 36 0 0

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

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

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME James Edward Boettinger

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race W

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 May 30 - 1863
(Month) (Day) (Year)

8. AGE: Years 79 | Months 9 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Franklin Co - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business ____

FATHER
12. Name Chas. Boettinger
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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

16. (a) Informant Will Boettinger
(b) Address St. Clair, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-43
(Month) (Day) (Year)
(c) Place: burial or cremation Morrelton Cemetery

18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St. Clair, Mo.

19. (a) 3/16/1943 (Date received local registrar) (b) R. J. King Sr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Feb - 10 1942 to March - 14 - 1943;
that I last saw him alive on 3 - 13 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 930

Due to ____

Other conditions Respiratory Influenza
(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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature W. E. Kitchell (M. D. or other)
Address St. Clair Date signed 3/16/43

1120 (Licensed Embalmer's Statement on Reverse Side)

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 Sherwood Mitchell

Licensed Embalmer No. 3873.

P. O. Address St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.