

FILED MAR 29 1943

Registration District No. **281**

Primary Registration District No. **5968**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Polk**
(b) City or town **Halfway - rural - S Benton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **none**
(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 **none** (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**
(c) City or town **Halfway - rural** (If outside city or town limits, write "RURAL")
(d) Street No. **East of Van** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Frederick Boas**

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 **to marital**
6. (b) Name of husband or wife **Lillie Belle Boas** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **January 9 1880**
(Month) (Day) (Year)

8. AGE: Years **63** Months **0** Days **19** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Fred Boas**
13. Birthplace **(Unknown) Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Jessie Hessinger**
15. Birthplace **(Unknown) Penn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lillie Belle Boas**

(b) Address **Halfway - Mo - R#2**

17. (a) **Burial** (b) Date thereof **Jan 31, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Schafeld cemetery**

18. (a) Signature of funeral director **Walter J. Gester of Hutchins**

(b) Address **Bolivar Mo**

19. (a) **March 20 43** (b) **A. E. Westfall**
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **28**
year **1943** hour **8** minute **45 A. M.**

21. I hereby certify that I attended the deceased from **Jan. 27 1943** to **Jan 28 1943**
that I last saw him alive on **Jan 27 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**
Due to _____

Due to _____
Other conditions **330**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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 **J. H. Bridges** (M. D. or other) _____
Address **Bolivar, Mo** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Vertical text on left margin: *Boas of Boas*

89
00

1236

MAR 29 1943

MAR 30 1943

RECEIVED

District Health Officer No. 7;

District File Number 7-43-126

Date Filed 3-23-43

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 Chas J Ester
Licensed Embalmer No. 4154
P. O. Address Baltimore Md

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.