

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13546

FILED MAY 6 1943

1. PLACE OF DEATH

County Atchison Registration District No. 4 File No. 3
Township Polk Primary Registration District No. 5024 Registered No. 8
City (No. 0) St. 0 Ward 0

2. FULL NAME ELMINA BOETTNER

(a) Residence No. 1 St. 0 Ward 0
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HENRY BOETTNER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 0 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE KEEPER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LINDEN MO

13. NAME HARON BENEDICT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN PENN.

15. MAIDEN NAME LUCINDA NOBLITT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN HITCHKINSON CO MO

17. INFORMANT (ADDRESS) Elmina Boettner Rock Port, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE ORANGE HALL DATE April 4 1943

19. UNDERTAKER (ADDRESS) Great Bartholomew 190 5173
Rock Port

20. FILED 4-15 1943 Mrs. Herbert Townsend
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1943, to 3-31 1943
I last saw h. 5' alive on 3-30 1943 Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 3/20
83a
Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: none Date of injury none, 1943
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Ernest D. H. L. M. D.
(Address) Tarkenton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

