V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17268

FILED JUN 10 1943

Registration District No. 8

Primary Registration District No. 5034

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

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

(d) Street No. north of Laddonia Mo
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM JOSEPH BOEHM

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 7 (Day) 1883 (Year)

8. AGE: Years 61 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Merchant

11. Industry or business General Store

FATHER
12. Name Hugo Boehm
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. L. Sobolewski
(b) Address R.R. Laddonia Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 1-1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Laddonia Mo

18. (a) Signature of funeral director H. G. Grainger
(b) Address Laddonia Mo

19. (a) June 1-43 (Date received local registrar) (b) [signature] (Registrar's signature)

1080

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1943 hour 5 minute 8 M.

21. I hereby certify that I attended the deceased from Sept 5, 1942 to May 30, 1943; that I last saw him alive on May 23, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: adeno carcinoma of Lymphatic glands of neck	1-year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 55c	

Major findings:
Of operations
Of autopsy none

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 K McCall (M. D. or other)
Address Laddonia Mo Date signed 5-31-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-992
Date Filed JUN 8 1943

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 H. G. Grainger, Registered Apprentice No. ....., working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 1297

P. O. Address Laddonia, 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.