

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.

JUN 11 1943

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

17788

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 115-
(b) Township Union Primary Registration District No. 5733 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Union Mo R. St. (If nonresident, give city or town and State) J
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30, 1884</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>11</u>
		DAYS <u>27</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farming</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. _____	
	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) <u>Union Mo</u>		
FATHER	13. NAME <u>George Boehmer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Young</u>	
	15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Mo</u>	
17. INFORMANT (ADDRESS) <u>Ernie Boehmer</u> <u>Washington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph</u> DATE <u>6/1</u> 19 <u>43</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>E. F. Ottman</u> <u>Union Mo</u>		
20. FILED <u>931-</u> 19 <u>43</u> <u>Conrad Rieger</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1943

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____
Suicide by firearms
Crushed Head,

Other contributory causes of importance: 164c

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5-30, 1943
Where did injury occur? Franklin County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Shot Gun
Nature of injury Crushed Head

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Ernest R. Ottman Coroner
(Address) St. Joseph, Mo.

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..... *E. F. Oltmann*.....

Licensed Embalmer No. *1686*.....

P. O. Address *Union 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, above space should be left blank.