

FILED JUN 8 1943

Registration District No. 173

Primary Registration District No. 5643

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Paris Township Rural  
(c) Name of hospital or institution: 7-Mi. North Concordia Mo.  
(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette  
(c) City or town Rural  
(d) Street No. 7-Mi. N.W. Concordia Mo  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country.....

3. (a) PRINT FULL NAME JOHANNAH BOESCHEN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nancy Boeschen 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June - 8 1855  
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 3 If less than one day ..... min.

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

10. Usual occupation Housework

11. Industry or business .....

12. Name Unknown 9

13. Birthplace ..... (City, town or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace ..... (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Boeschens

(b) Address Concordia Mo.

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

(c) Place: burial or cremation St. Pauls Lutheran Church

18. (a) Signature of funeral director N. J. Duesing

(b) Address Concordia Mo.

19. (a) May 14 1943 (b) Mrs. Walter Walpewald (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1943 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 27 1942 to 5-11-1943 that I last saw her alive on Nov 11-1942 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Chronic myocarditis

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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 E. M. Moore (M. D. or other)

Address Hugginsville Mo. Date signed 5-11-43

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

54  
0  
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-9-42

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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 W Roy Allen  
Licensed Embalmer No. 4305  
P. O. Address Wellington 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.