

FILED NOV 9 1943
Registration District No. 117

Primary Registration District No. 5435

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural - Boeuf
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
His Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Mile North of Swiss, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th
year 1943 hour 10. minute 00 A.M.
21. I hereby certify that I attended the deceased from 3-10-43
1943 to 10-30 1943
that I last saw him alive on 10-30- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Michael Boesch Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) ~~Married~~ never married

6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased. June 3 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 27 hr. 0 min.

9. Birthplace Gasconade Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Jacob Boesch
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Michael Boesch, Sr.

(b) Address Hermann, Mo. R.F.D.

17. (a) Burial (b) Date thereof Nov 4 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boesch Cemetery

18. (a) Signature of funeral director Thomas A. Bohmer

(b) Address Boeuf, Mo.

19. (a) 10-31-43 (b) M. H. Meyer
(Date received local registrar) (Registrar's signature)

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 Howard V. ... (M. D. or other)
Address ... Date signed 10-31-43

126 (Licensed Embalmer's Statement on Reverse Side)

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

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 *Herman Blumer*

Licensed Embalmer No. ~~517~~ 528

P. O. Address *Burgin, 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.