No. 2
-2-43
17-39
X35697

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. 2004

FILED FEB 8 1944

Registration District No. 3

Primary Registration District No. 5106

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Benton

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community One Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

(c) City or town Cole Camp Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs Anna Boettjer

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry Boettjer

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

7. Birth date of deceased Febnnary (Month) 27th (Day) 1864 (Year)

8. AGE: 79 Years | Months 10 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Benton County (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Juergen Borchers
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Hink
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Gottlieb Boettjer
(b) Address Cole Camp Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 4th (Day) 1944 (Year)
(c) Place: burial or cremation Trinity Lutheran

18. (a) Signature of funeral director E L Eickhoff
(b) Address Cole Camp Mo

19. (a) Feb 3 - 1944 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day ist year 1944 hour 6.00 minute 00 P M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to 1 — 1 — 1944 that I last saw her alive on 1 — 1 — 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 P

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 R L Deser (M. D. or other) Md
Address Cole Camp Mo Date signed 2-7-44

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1944

RECEIVED
District Health Officer No. 7
District File Number 1-44-80
Date Filed 2-7-44

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. L. Eichmeyer

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.