

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7122

FILED MAR 6 1944

State File No.

Registration District No. 777

Primary Registration District No. 5435

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural- Boeuf 7.2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Her Residence /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)
In this community 23 years

3. (a) PRINT FULL NAME Mrs. Marie Boesch,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, widowed

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

7. Birth date of deceased January 30 1862
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housekeeper

12. Name Gus Holashoe
13. Birthplace Owensville Mo
(City, town, or county) (State or foreign country)
14. Maiden name MAE Dixon
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Holzshoe
(b) Address Owensville, Mo. R.F.D.

17. (a) Burial (b) Date thereof JAN 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Epitaphs Church Cem.

18. (a) Signature of funeral director Herman Blumer

(b) Address Berge mo

19. (a) Jan 27 1944 (b) Mrs. J. B. Meyer
(Date received local registrar) (Registrar's signature)

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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1944 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from January 12 1944 to January 27 1944
that I last saw him alive on January 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 5 days

Due to Cerebral Hemorrhage

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108

Of autopsy

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?

While at work (Specify type of place) (e) Means of injury 0

23. Signature J. B. Meyer (M. D. or other)
Address Herman mo Date signed 1-27-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1262

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/31/11

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

Heriman Blumer

Licensed Embalmer No.

528

P. O. Address

Boyer 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.