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5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11713**

FILED APR 13 1944
Registration District No. **277**

Primary Registration District No. **3052**

Registrar's No. **101**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(c) Name of hospital or institution: **1806 S. Carr**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Entire Life**
In this community **Entire Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(d) Street No. **1806 S. Carr**
(e) Citizen of foreign country? **No**
If yes, name country **No**

3. (a) PRINT FULL NAME **Charles Frederick Boetjer**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **491-07-4998**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Edna Belle Boetjer** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **October 23 1881**
(Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **19** If less than one day **hr. min.**

9. Birthplace **Sedalia Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Meat Cutter**

11. Industry or business **Melton Grocery Store**

MOTHER FATHER { 12. Name **Charles Frederick Boetjer**
13. Birthplace **Germany**
14. Maiden name **Margaret Meisner**
15. Birthplace **Missouri**

16. (a) Informant **Mrs. Edna Belle Boetjer**

(b) Address **Sedalia, Missouri**

17. (a) **Burial** (b) Date thereof **3/14/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia, Missouri**

19. (a) **3-12-44** (b) **Anna Meyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12** year **1944** hour **5.10** minute **A.** M.

21. I hereby certify that I attended the deceased from **over 10 years** 19... to **March 12** 19**44**; that I last saw h. **alive on March 10** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Obstructive Occlusion -**
Due to **Chc Myocarditis**

Due to **Hypertension**
Other conditions (Include pregnancy within 3 months of death) **None**
Major findings: Of operations **None**
Of autopsy **No**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **NI**
(b) Date of occurrence **None**
(c) Where did injury occur? **None**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **No** (Specify type of place) (c) Means of injury

23. Signature **Dr. B. Carlisle M.D.** (M. D. or other)
Address **Sedalia, Mo.** Date signed **3-13-44**

Duration **Four minutes**
About 1 1/2 Years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-12-47

1881

So

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

Philip M. McLaughlin

Licensed Embalmer No.

3729

P. O. Address

Sedalia, 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.