

S. No. 2
DM-2-43
7-5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34182**

Registration District No. 115

Primary Registration District No. 5433

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Union Mo. Rural
(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 58 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Union Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Boehmer
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 7th
year 1944 hour 6 minute 30 a.m.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elisabeth Boehmer 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 18th 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 58 Months 5 Days 19 If less than one day _____ hr. _____ min.

Death by strangulation with
Due to rope around neck in
attempt to hang himself
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Farming

11. Industry or business _____

12. Name George Boehmer

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

14. Maiden name Mary Young

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

16. (a) Informant Elisabeth Boehmer
(b) Address Union Mo.

17. (a) Burial (b) Date thereof 10/9/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Mo.
18. (a) Signature of funeral director E. F. Ottman
(b) Address Union Mo.

19. (a) 10/9/44 (b) Harold P. Peyer
(Date of local registrar) (Registrar's signature)

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) Suicide
(b) Date of occurrence October 7, 1944
(c) Where did injury occur? Union Franklin Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm

While at work _____ (Specify type of place)
Means of injury Hanging
23. Signature Crest L. Ottman (M.D. or other)
Address Herald Mo. Date signed 10-7-44

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

33600

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-8-47

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. F. Ostrom

Licensed Embalmer No. 1686

P. O. Address Union 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.