

S. No. 2
4-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9577
Registrar's No. 27

FILED APR 5 1945
Registration District No. 116

Primary Registration District No. 3020

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Yasconide

(c) City or town Rural 37
(If outside city or town limits, write "RURAL")

(d) Street No. Owensville Route 1
(If rural, give location)

(e) Citizen of foreign country? No / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA MARIE BOETTCHER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 28 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 0
If less than one day ✓ hr. — min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Intz Sassmann

13. Birthplace Woollam Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Czachin

15. Birthplace Woollam Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Boettcher

(b) Address Owensville, Mo. R.

17. (a) Burial (b) Date thereof 3 4 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woollam M. C. Cemetery

18. (a) Signature of funeral director Milford H. H. White

(b) Address Owensville, Mo.

19. (a) 2/3/45 (b) Luelle R. Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1945 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-26, 1945, to 2-28, 1945
that I last saw her alive on 2-28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 6 days

Due to _____

Due to _____ 95C

Other conditions Cardiac Failure 2 yrs
(Include pregnancy within 3 months of death)

Major findings: Cardiac enlargement PHYSICIAN _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 B. H. Strickman (M. D. or other) M.D.

Address Union, Mo. Date signed 2-1-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-4-45

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 Ma.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wilford N. H. Winton.....

Licensed Embalmer No. 3838.....

P. O. Address Owensville 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.