

FILED JUN 19 1945

Registration District No. **2345**

Primary Registration District No. **5810**

Registrar's No. **5**

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

1. PLACE OF DEATH:

(a) County **Montgomery Co.**

(b) City or town **McKittrick Mo. Rural**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **xx** (Specify whether
1 year)

In this community **1 year**
(years, months or days)

3. (a) PRINT **Bernard Van Booven,**
FULL NAME

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Bertha Van Booven,**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **May 24th, 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	II	28	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Peter Van Booven Rhine,**

13. Birthplace **Heekon Kries Clevee, Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaretha Hoevels,**
(City, town, or county) (State or foreign country)

15. Birthplace **Denghen Kries Berken, Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hugo Van Booven**

(b) Address **on McKittrick Mo**

17. (a) **Burial** (b) Date thereof **May 25th-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rhineland, Mo.**

18. (a) Signature of funeral director **Barth Baller**

(b) Address **Americus, Mo.**

19. (a) **May 25 1945** (b) **Mrs. J. Overkamp**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Montgomery Co.**

(c) City or town **Rhineland, Mo.**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22nd,**
year **1945** hour **11** minute **9** P.M.

21. I hereby certify that I attended the deceased from **Nov. 27, 1944** to **May 22, 1945;**
that I last saw him alive on **May 18, 1945;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Endocarditis** Duration **3 yrs**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 _____

Where did injury occur? _____ (City or town) (County) (State)

(c) 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 **W. J. G. G. G.** (M. D. or other) _____

Address **Hermann, Mo.** Date signed **5/24/45**

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-12-45

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.....
D. B. Baker,..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

D. B. Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.