..No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34279

State File No.

FILED NOV 6 1945

Registration District No. 260 Primary Registration District No. 5884 Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rich Fountain, Mo. Washington Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 82 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Rich Fountain, Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location)

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

3. (a) PRINT FULL NAME Gertrude Boehmer

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 Widow

6. (b) Name of husband or wife Joseph Boehmer

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

7. Birth date of deceased June 11th, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	4	14	hr. min.

9. Birthplace RichFountain (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER

12. Name John Reichter

13. Birthplace (City, town, or county) Germany (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace (City, town, or county) Unknown (State or foreign country) 0

16. (a) Informant Louis Boehmer Husband

(b) Address Rich Fountain Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Linn, Mo.

19. (a) 10-26-45 (Date received local registrar) (b) Mrs. H. L. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 24
year 1945 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 10/20/45, to 10/21/45, that I last saw her alive on 10/31/45, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
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

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. C. Howard (M. D. or other)
Address Vienna, Mo Date signed 10/27/45

1401 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-5-45

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

, Registered Apprentice No.

working under my personal supervision.

Signed Vernon M Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.