

FILED APR 17 1946

STANDARD CERTIFICATE OF DEATH

Registration District No. 82Primary Registration District No. 3017Registrar's No. 184

1. PLACE OF DEATH:

(a) County Cooper
 (b) City or town Boonville
(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 -----
All of life. (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Dora Boller.

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 Widowed
 6. (b) Name of husband or wife Fred J. Boller. 6. (c) Age of husband or wife if alive ----- years
 7. Birth date of deceased August 23 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>6</u>	<u>18</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri /
(City, town, or county) (State or foreign country)10. Usual occupation Housewife.11. Industry or business At home.

MOTHER FATHER
 12. Name Christian Wehling.
 13. Birthplace Germany /
(City, town, or county) (State or foreign country)
 14. Maiden name Christina Swer
 15. Birthplace Germany /
(City, town, or county) (State or foreign country)

16. (a) Informant G. F. Boller.(b) Address Boonville, Mo.17. (a) Burial (b) Date thereof March 13/46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Walnut Grove Cemetery18. (a) Signature of funeral director Goodman T. Boller(b) Address Boonville, Mo.19. (a) 3/11 (b) Clay Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
 (c) City or town Boonville /
(If outside city or town limits, write "RURAL") 2
 (d) Street No. 309 Third St.
(If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
 year 1946 hour 6 minute 15 p. M.

21. I hereby certify that I attended the deceased from
Feb. 18 1946 to March 11 1946
 that I last saw her alive on March 11 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr.

Due to _____

Due to _____

Other conditions Smoking
(Include pregnancy within 3 months of death)Major findings:
 Of operations _____Of autopsy 930

PHYSICIAN

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 023. Signature M.H. Bigler (M. D. or other) M.D.
 Address Boonville Mo. Date signed 3-14-46

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

4-15-46

APR 22 1946

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.....

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address. *Boonville, 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.