

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23132

Do not use this space.

FILED AUG 8 1946

1. PLACE OF DEATH
(a) County Dade Registration District No. 93
(b) Township Marion Primary Registration District No. 5335 Registered No. 56
(c) City Lockwood, (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gladys Mae Boehne
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25-1928
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 5 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. student
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lockwood, Mo (STATE OR COUNTRY) Mo

FATHER 13. NAME Richard Boehne

FATHER 14. BIRTHPLACE (CITY OR TOWN) Lockwood, Mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dora Schuerman

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Lockwood, Mo (STATE OR COUNTRY)

17. INFORMANT Richard Boehne (ADDRESS) Lockwood, Mo

18. BURIAL, CREMATION, OR REMOVAL Lutheran Cemetery DATE July 30 19 46

19. FUNERAL DIRECTOR (NAME) R. L. Haunschild (ADDRESS) Lockwood, Mo

20. FILED 7-29 19 46 W. L. Weir Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 19 46

22. I HEREBY CERTIFY, that I attended deceased from March 27 19 46 to July 27 19 46. I last saw her alive on July 27 19 46. Death is said to have occurred on the date stated above, at 12:59 a.m.
The principal cause of death and related causes of importance were as follows:

Subacute hemorrhagic Nephritis

Date of onset About 6 weeks ago

Other contributory causes of importance: 130

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Rudolf Kiepp, M. D. (Signed) Golden City (Address)

WRITE PLAINLY, WITH CAPITAL LETTERS--THIS IS A PERMANENT RECORD

21988

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 R. L. Hamschild

Licensed Embalmer No. 3234

P. O. Address Lockwood, 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, above space should be left blank.