S. No. 2
M—8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26232

Registration District No. 31 Primary Registration District No. 5108 Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Cole Camp Rural Williamstownship
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution No (Specify whether
In this community 77 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 8

(a) State Missouri (b) County Benton

(c) City or town Cole Camp Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles ~~East~~ west Highway #65 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs Sophia Boeschen

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female /

5. Color or race White

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

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

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

7. Birth date of deceased July (Month) 10th (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
77	0	17	hr. min.

9. Birthplace Benton County (City, town, or county) Missouri (State or foreign country) U

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Bohling
13. Birthplace (City, town, or county) Germany (State or foreign country) 7

MOTHER
14. Maiden name Sophia Heisterberg
15. Birthplace (City, town, or county) Germany (State or foreign country) U

16. (a) Informant Mrs J H Burnett

(b) Address Cole Camp Mo R F D #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 30 (Day) 1946 (Year)

(c) Place: burial or cremation St Johns CheeseCreek

18. (a) Signature of funeral director E L Eickhoff

(b) Address Cole Camp Mo

19. (a) Aug-3-1946 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1946 hour 7.00 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1-1- 1938, to 7-27- 1946 that I last saw her alive on 7-27- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of foot

Due to Diabetes

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 6

Duration

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 U

23. Signature P L Beser (M. D. or other) MD

Address Cole Camp Mo Date signed 7-28-46

(Licensed Embalmer's Statement on Reverse Side)

RE[illegible]
D[illegible] Officer No. 7,
[illegible] 7-46-827
Date Filed 8-14-46

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.