

FILED SEP 14 1946

Registration District No. **183** Primary Registration District No. **20540**

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1320 Calhoun Street
(If not in hospital or institution, write street number or location)

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

In this community 55 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. 1320 Calhoun
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM CLARENCE BOEHNER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Maude Boehner

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 30 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>3</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Chillicothe Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and Butcher

11. Industry or business _____

12. Name Chris Boehner

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

14. Maiden name Mary Krause

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

16. (a) Informant Mrs. Maude Boehner

(b) Address 1320 Calhoun-Chillicothe, Mo.

17. (a) Burial (b) Date thereof 9-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) 9/3/46 (b) Frances O. Hall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
year 1946 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 31 to 8-31-46
that I last saw him alive on 8-31-46 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Diabetes Mellitus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 61

Of autopsy _____

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? _____

23. Signature F. B. Norman (M. D. or other) _____
Address Chillicothe Mo Date signed 9/3/46

Duration 8 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20322

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Edwin F. Norman

Licensed Embalmer No. 4036

P. O. Address. Chillicothe, Missouri.

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.