No. 2
—8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30880

State File No.

FILED SEP 17 1946

Registration District No. 779

Primary Registration District No. 5671

Registrar's No. 49

1. PLACE OF DEATH:

(a) County ~~XXXXXX~~ Lincoln

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

(c) Name of hospital or institution:
Rural Truxton, Mo. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ~~XXXXXX~~ Lincoln 57

(c) City or town Truxton 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME William H. Boehmer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

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

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased April 27, 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	4	15	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Wm. Boehmer 0
13. Birthplace Warren County, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Altrogge
15. Birthplace Warren County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Boehmer
(b) Address Truxton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/46
(Month) (Day) (Year)
(c) Place: burial or cremation Truxton Cemetery

18. (a) Signature of funeral director Chas Arnold Jr
(b) Address Mexico, Mo.

19. (a) Sept 17-46 (Date received local registrar) (b) Mrs. Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1946 hour 6 minute 10 P M.

21. I hereby certify that I attended the deceased from Nov, 1944 to Sept 12, 1946
that I last saw him alive on Sept 9, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	1944
Due to Primary	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 2

23. Signature A H Van Ausdale (M. D. or other) DO
Address Montgomery City Mo Date signed 9/13/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-152
Date Filed 9-18-46

NOV 16 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 Chas Campbell Jr

Licensed Embalmer No. 3569

P. O. Address Mexico 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.