

Registration District No. 31

Primary Registration District No. 4040

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp
(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 70 Years (Specify whether years, months or days)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Herman C. Boeschen

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April 8th 1859 (Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Merchant

11. Industry or business Merchantile

MOTHER FATHER { 12. Name Herman Boechen

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

14. Maiden name Anna Eba

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

16. (a) Informant Lawrence Boechen

(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Mar. 23, 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp Cemetery

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

(b) Address Cole Camp Mo

19. (a) April 4, 1947 (b) Pauline Harms (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Cole Camp (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1947 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10-1- 1942 to 3-19- 1947 that I last saw him alive on 3-18- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death uremic poisoning Duration _____
Due to nephritis
Due to Broken hip

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature D. J. Reeder (M. D. or other) _____
Address Cole Camp Mo Date signed 3-19-47

RECEIVED
District Health Officer No. 7,
District File Number 3-47-419
Date Filed 4-8-47

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. K. 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. 16

Registration District No. 31 Primary Registration District No. 4070

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Cole Camp
(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 _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman C. Boescher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April 8 (Month) 1947 (Day) 1947 (Year)

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 1947 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions. _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) accident

(b) Date of occurrence 3-14-1947

(c) Where did injury occur Cole Camp, Benton Co, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? _____ (Specify type of place) Means of injury fell

23. Signature H. S. Seyer (M. D. or other) _____

Address Cole Camp, Mo Date signed 4-17-47

SUPPLEMENTARY

MOTHER FATHER

S-7832

Handwritten text, possibly a name or date, partially obscured.

Handwritten text, possibly initials or a short name.

Handwritten text, possibly a name or date, partially obscured.