

FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13918

Registration District No. 161

Primary Registration District No. 5594

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rural - Murren  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: RFD # 3 Pacific  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 80 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson  
(c) City or town Rural - Pacific  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD # 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Boback

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

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

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

7. Birth date of deceased Oct. 1858  
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired farmer

11. Industry or business Own farm

12. Name George Boback

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Ed. Holland

(b) Address Pacific, Mo.

17. (a) Burial (b) Date thereof 4/10/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director W. L. Huber

(b) Address Pacific, Mo.

19. (a) 4-9-47 (b) Mrs. J. L. Hukelo  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1947 hour 7 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 5-15-44  
to Feb. 27, 1947,  
that I last saw him alive on March 23, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure  
& Hypertension

Due to arteriosclerosis  
glomerulonephritis & anemia

Other conditions indistinctly defined  
(Include pregnancy within 3 months of death)  
st. valve into aortic arch

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 17 21

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? 2  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature G. R. Puffer D.O. (M. D. or other) D.O.  
Address Pacific, Mo. Date signed 4-8-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 4-21-47

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 *August Bruns Jr.*  
Licensed Embalmer No. *4338*  
P. O. Address *Pacific, 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.