

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Higginsville  
(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 25 years  
years, months or days

3. (a) PRINT FULL NAME Irene Catherine Boedeker

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Earnest Boedeker Deceased 6. (c) Age of husband or wife 8 years

7. Birth date of deceased July 8 1885  
(Month) (Day) (Year)

8. AGE: Years 62 Months -- Days 22 If less than one day hr. \_\_\_\_\_ min. 6

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Julius Vogt Jr

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

14. Maiden name Mary Magdalena Baepfeler

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

16. (a) Informant Mrs. Charles V. Winfrey Mo

(b) Address 1234 S. Pleasant, Independence

17. (a) Burial (b) Date thereof Aug 2nd 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Ashton

(b) Address Higginsville, Mo.

19. (a) Aug 2 - 1947 (b) Clayton H. Landrum  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Higginsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1602 Shelby  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1947 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from June 21, 1945 to July 29, 1945, that I last saw h. or alive on July 29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Diabetes Mellitus

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 2

23. Signature Leon L. ... (M. D. or other) DO  
Address Higginsville, Mo. Date signed 7-31-47

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

MOTHER FATHER

RECEIVED

District Health Officer No.         

District File Number         

Date Filed 8-18-47

AUG 21 1947

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 *Grace A. Rickhaf*  
Licensed Embalmer No. 4284  
P. O. Address Higginsville, 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.