S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1947

Registration District No. 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37656

Primary Registration District No. 5436

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Rural Boulware Twp.
(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 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

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

(d) Street No. Owensville Route
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANDREW BOESCH

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Rehmert Boessh

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

7. Birth date of deceased November (Month) 6 (Day) 1861 (Year)

8. AGE: Years 85 Months 11 Days 8 If less than one day — hr. — min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Jacob Boessh
13. Birthplace — (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kratley
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Arthur Boessh
(b) Address Owensville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 16 (Day) 1947 (Year)
(c) Place: burial or cremation Bethel Cem. Bay, Mo.

18. (a) Signature of funeral director Milford H. H. Winter
(b) Address Owensville Mo.

19. (a) 10/16/47 (Date received local registrar) (b) O A Mundweiler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1947 hour 4:00 minute P.M.

21. I hereby certify that I attended the deceased from Oct 10, 1947 to Oct 14, 1947
that I last saw him alive on Oct 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature G. H. Bradley ~~(M. D. or other)~~ D.O.
Address Owensville MO Date signed 10-15-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
NOV 18 1947
Date Filed

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 Harvey Kable, Registered Apprentice No. 9, working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.