FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 40903

Registrar's No. 1490

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1114 N. 25th Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: not (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1114 N. 25th Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Oma Cynthia Boschen
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Walter Boschen
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: July (Month) 27 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	4	20	hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home

MOTHER FATHER
12. Name: Hibbert Kinder
13. Birthplace: Harrison County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Martha Ann Pottorff
15. Birthplace: Harrison County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Walter Boschen
(b) Address: 1114 N. 25th St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 12-22-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 17th year: 1947 hour: 9 minute: 00 P.M.

21. I hereby certify that I attended the deceased from Oct 3, 1947, to 12/15, 1947, that I last saw her alive on 12/17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage	Duration: sudden
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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: Wm. Raymond Lewis M.D.
Address: 909-210 Kenyatsch Bldg. St Joseph, Mo. Date signed: 12/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1948

MAY 14 1948

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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.