

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

National Office of Vital Statistics  
FILED JUL 21 1948  
Registration District No. 4182

Primary Registration District No. 4182

1. PLACE OF DEATH:  
(a) County FRANKLIN  
(b) City or town NEW HAVEN  
(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:  
In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County FRANKLIN  
(c) City or town NEW HAVEN  
(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:

3. (a) PRINT FULL NAME MRS MINNIE BOEHMER  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 13 year 1948 hour 6 minute 15 AM.  
21. I hereby certify that I attended the deceased from December 8, 1947, to July 13, 1948  
that I last saw her alive on July 11, 1948  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 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 30 years (Month) (Day) (Year)

Immediate cause of death: Congestive heart failure Duration 10 days

8. AGE: Years 86 Months 6 Days 13 If less than one day hr. min.

Due to myocarditis with mitral regurgitation  
Due to:

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

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

10. Usual occupation Housewife

Major findings: no operation

11. Industry or business

Of operations: no operation

12. Name JOHN C. TWICKER

Of autopsy: no autopsy

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

14. Maiden name BESTE

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

16. (a) Informant Edw Boehmer

(b) Address New Haven mo

17. (a) Burial (b) Date thereof 7/16/48 (Month) (Day) (Year)

(c) Place: burial or cremation Service Home no

18. (a) Signature of funeral director L. C. ... & Son

(b) Address New Haven mo

19. (a) 7-15-48 (Date received local registrar) (b) Jessie ... (Registrar's signature) (c) 93

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:  
Signature B. P. Gissmann (M. D. or other) MD  
Address New Haven, mo Date signed 7/13/48

PHYSICIAN  
Underline the cause of which death should be charged statistically.

RECEIVED  
DEATH RECORDS OFFICE NO. 9,  
DEATH RECORDS OFFICE  
DEATH RECORDS OFFICE  
JUL 20 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 ml.

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Earl C. Feiby

Licensed Embalmer No. 33850

P. O. Address New Haven Conn

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.