No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1948
Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30677
Primary Registration District No. 4433
Registrar's No. 68

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

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXXXX 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXX
(Specify whether
In this community 47 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 86
(a) State Missouri (b) County Putnam
(c) City or town Unionville
(If outside city or town limits, write "RURAL") 0
(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 Felix John Boesche
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Bertha Boesche
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased August 19, 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	1	1	hr. min.

9. Birthplace New Bremen (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Insurance
11. Industry or business Insurance Agency

MOTHER FATHER
12. Name John H. Boesche
13. Birthplace Don't Know (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Louise Neitert
15. Birthplace Don't Know (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Bertha Boesche
(b) Address Unionville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cemetery
18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo. By John A. Comstock
19. (a) 9-30-48 (Date received local registrar) (b) Mabell Dunbar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20
year 1948 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from several years ago, 19..., to Sept. 20, 1948; that I last saw h im alive on Sept. 20, 1948, 19...; and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Edema — Duration 12 Hrs.
Due to Ch. Cardio-Renal Disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1310
Of autopsy

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? 0 (e) Means of injury

23. Signature W. H. Holman (M. D. or other)
Address Unionville, Mo. Date signed 9/22/48

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1948

RECEIVED
District Health Officer No. 10
District File Number 10-48-1721
Date Filed OCT 5 - 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.....
Richard Paul Cassady, Registered Apprentice No. 76,
working under my personal supervision.

Signed John N. Comstock

Licensed Embalmer No. 389

P. O. Address Thomasville, 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.