

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30249
Registrar's No. 2338

Registration District No. 301

Primary Registration District No. 4450

1. PLACE OF DEATH:

(a) County RIPLEY
(b) City or town DONIPHAN, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. —
In this community TWENTY-THREE YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME HAROLD DENNIS BOEHM

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 MARRIED
(b) Name of husband or wife Viola Elizabeth Boehm
(c) Age of husband or wife if alive 66 years
7. Birth date of deceased MAY 15, 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 6
If less than one day — hr. — min.

9. Birthplace SNOW HILL MARYLAND
(City, town, or county) (State or foreign country)

10. Usual occupation INTERIOR DECORATOR

11. Industry or business PAINTER

12. Name LOUIS EDW. BOEHM

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

14. Maiden name LOUISA ANN HACK

15. Birthplace SNOW HILL, MARYLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Walter J. Vyle

(b) Address Doniphan, Mo.

17. (a) RE-MOVAL (b) Date thereof SEPT 21 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SNOW HILL, MARYLAND

18. (a) Signature of funeral director Ray Means

(b) Address Doniphan, Mo.

19. (a) 9-21-48 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RIPLEY
(c) City or town DONIPHAN, MISSOURI
(If outside city or town limits, write "RURAL")

(d) Street No. NONE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1948 hour 3 minute — M.

21. I hereby certify that I attended the deceased from 1 - 1-48
to 8 - 20 - 1948
that I last saw him alive on 9 - 20 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Pneumonia

Due to Paralysis causing him to lie on back

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 —

23. Signature E. B. Johnston (M. D. or other)
Address Doniphan, Mo. Date signed 9-20-48

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

MOTHER FATHER

RECEIVED 9-24-48
District Health Officer No. 5,
District File Number 87-48-6
Date Filed 8-24-48

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.