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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37533

Registration District No. 260

Primary Registration District No. 4391

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Argyle
(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 _____ (Specify whether)
In this community 80 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage
(c) City or town Argyle (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 MARY LOUISE BOEHM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward Boehm 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 19 1868 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1948 hour 12:20 minute A. M.
21. I hereby certify that I attended the deceased from Nov 10 1948 to Nov 17 1948; that I last saw her ER alive on Nov 16 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 3 days

8. AGE: Years 80 Months 7 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Rich fountain, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

12. Name John Steinman
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Catherine Penneke
15. Birthplace Urkusow (City, town, or county) (State or foreign country)

16. (a) Informant August Boehm
(b) Address Argyle Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Agnes Church

18. (c) Signature of funeral director Meta Mo
(b) Address _____

19. (a) 11-17-48 (Date received local registrar) (b) Mrs. H. H. Moore (Registrar's signature) 738

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations none
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) (c) Means of injury _____
23. Signature W. H. Moore (M. D. or other) Do
Address Argyle, Mo. Date signed 11-18-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
NOV 23 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 *H H Troop*
Licensed Embalmer No. *2924*
P. O. Address *Meta 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.