

Registration District No. **2204**

Primary Registration District No. **3046**

1. PLACE OF DEATH:
 (a) County Moni Tenn
 (b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Latham Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Josephine 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 Widow
 6. (b) Name of husband or wife John Boehm
 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased March 25th, 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days _____
 If less than one day hr. _____ min. _____

9. Birthplace Loose Creek, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation House Wife

11. Industry or business
 12. Name Louis Roettgers
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Sabilla Lock
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Boehm
 (b) Address Rich Fountain, Mo.

17. (a) Burial (b) Date thereof 12/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rich Fountain, Mo.

18. (a) Signature of funeral director Clyde Morton
 (b) Address Box 255, Linn, Mo.

19. (a) 12-17-48 (b) H. R. Poppey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Osage
 (c) City or town Rich Fountain
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th,
 year 1948 hour 3 minute 20 a.m.

21. I hereby certify that I attended the deceased from Nov 16, 1948 to Dec 15, 1948
 that I last saw her alive on Dec 15, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric & Duodenal Ulcers Duration 3 MO

Due to _____
 Due to _____

Other conditions Osteo gastro enteritis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations No operation
 Of autopsy No 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature D. L. Latham (M. D. certifier)
 Address California Mo Date signed 12-16-48

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
JAN 6 1949

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 Vernon M. Weston
Licensed Embalmer No. 4125
P. O. Address Linn, 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.