No. 300
10-48

FILED OCT 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32962

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 251

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Folk
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Hilda
(Last): Broeckmann Broeckmann

4. DATE OF DEATH (Month) Oct (Day) 14 (Year) 1949

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 3 1922
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jefferson City Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Julius Brauner
13b. MOTHER'S MAIDEN NAME: Filomnena Klenner
14. NAME OF HUSBAND OR WIFE: Alphonse Broeckmann Broeckmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Alphonse Broeckmann Broeckmann Folk Mo — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bulbar Poliomyelitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6800

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-10, 1949, *to* 10-14, 1949, *that I last saw the deceased alive on* 10-14, 1949, *and that death occurred at* 11:25 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Virgil R. May MD
23b. ADDRESS: Uni. Hospital Mo.
23c. DATE SIGNED: 10/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 17 1949
24c. NAME OF CEMETERY OR CREMATORY: unknown
24d. LOCATION (City, town, or county): Folk (State): Mo

DATE REC'D BY LOCAL REG.: Oct 14, 1949
REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer 31 0
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Dulle — ADDRESS: Jeff City, Mo

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

RECEIVED OCT 19 1949
District Health Officer No. 9,
District File Number_____

FEB 27 1951

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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 3296249

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 251

On this 26 day of Feb, 1951, before me appears Mr Alphonse Boeckmann on his oath, states that the original record of ~~birth~~ death for Margaret Boeckmann, died ~~born~~ Oct 14, 1949 in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Margaret H. Boeckmann
Instead of Broeckmann
Item No. 14 should read Boeckmann
Instead of Broeckmann
Item No. 17 should read Boeckmann
Instead of Broeckmann
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Alphonse Boeckmann
Relationship.

Folk, Mo
Present Address.

Subscribed and sworn to before me this 26th day of February, 1951.

My Commission expires September 13, 1953 Betty Lou Chapman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
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