

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2897
 Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 35-2
 (b) Township Duportain Primary Registration District No. 5493 Registered No.
 (c) City Montone Mo. (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Boguchalski 1929

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Frede Boguchalski
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13-1878
 7. AGE YEARS MONTHS DAY If LESS than 1 day,hrs. ormin.
60 5 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bronzovich Mo.
 FATHER 13. NAME Felix Boguchalski
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Cecilia Granich
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper
 17. INFORMANT (ADDRESS) Frede Boguchalski
Montone Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Montone Cem. DATE Feb 1 1938
 19. FUNERAL DIRECTOR (ADDRESS) Fred C. Wilkinson
Clinton Mo.
 20. FILED 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1938
 22. I HEREBY CERTIFY That I attended personally on Jan 29 1938
 I last saw him alive on Jan 29 1938 Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Death by hanging
 Date of onset Jan 29 1938
 Other contributory causes of importance: None
 Name of operation None Date of
 What test confirmed diagnosis? None Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury Jan 29, 1938
 Where did injury occur? Montone Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. On farm
 Manner of injury Hanging
 Nature of injury Hanging by neck
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify. S.B. Hughes M. D.
 (Address) Cover 1st St., Clinton Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Fred Weckman, Licensed Embalmer No. 2478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Fred Weckman

L. E.

No. 2478 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Fred Weckman

Licensed Embalmer No. 2478

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2897
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 352
 (b) Township Deepwater Primary Registration District No. 5493 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Bozuchalski

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Freda Bozuchalski</u>		
8. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 13 - 1878</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>5</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bronaurek Mo.</u>	
	13. NAME <u>Felix Bozuchalski</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Caroline Gaudin</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Co.</u>		
17. INFORMANT (ADDRESS) <u>Freda Bozuchalski Montrose Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Montrose Cem.</u> DATE <u>Feb 1 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Fred G. Wilkinson Clinton Mo.</u>		
20. FILED <u>5-11 1938</u> <u>Mrs. Leo Heiman</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1938

22. I HEREBY CERTIFY, that I attended deceased from _____ to Jan 29 1938
 I last saw h. is alive on Jan 29 1938 Death is said to have occurred on the date stated above, at 9 A.M.
 The principal cause of death and related causes of importance were as follows:
Death by hanging
 Date of onset Jan 29 1938

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis autopsy Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury Jan 29 1938
 Where did injury occur? Montrose Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury hanging
 Nature of injury hanging by neck

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) L. B. Hughes M. D.
 (Address) Lawyer, Henry Co. Clinton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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1938

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