

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 10 1942

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

18059
Do not use this space.

1. PLACE OF DEATH

(a) County HENRY Registration District No. 347
 (b) Township CLINTON Primary Registration District No. 3018
 (c) City CLINTON (d) Street No. Community Clinic St. 118
 (e) Length of residence in city or town where death occurred yrs. 3 mos. 3 ds. (f) How long in U.S., if of foreign birth? yrs. 0 mos. 0 ds.

2. PRINT FULL NAME John Henry Boehm

(a) Residence, No. Mentrose Mo R701 St. (If nonresident, give city or town and State) Mo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-19-1871

7. AGE YEARS 70 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

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) Washington Mo

13. NAME Frank Boehm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Teresa Blanne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Fred Boehm
(ADDRESS) Mentrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mentrose Mo DATE May 22 1942

19. FUNERAL DIRECTOR (NAME) Fred Wilhelm
(ADDRESS) Clinton Mo

20. FILED May 21 1942 Georgia Kitcher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-1942

22. I HEREBY CERTIFY, That deceased died from my 15, 1942, to my 20, 1942.
 I last saw him alive on my 19, 1942. Death is said to have occurred on the date stated above, at 5:25 PM.
 The principal cause of death and related causes of importance were as follows:

myocarditis
phlebotomias
phlebitis

Other contributory causes of importance:
12/2

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Joseph B. O'Neil M. D.
 (Address) Clinton, Mo

RECEIVED

District Health Officer No. 7,

District File Number 6-42-575

Date Filed 6-8-42

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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, above space should be left blank.