

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

28339
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 137
 (b) Township Deerpark Primary Registration District No. 4213
 (c) City Montrose (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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 18 - 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER 13. NAME Eisenberger

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

MOTHER 15. MAIDEN NAME ✓

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT Fred Boehm (ADDRESS) Beltone MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE Aug 18 43

19. FUNERAL DIRECTOR (NAME) Wesley Buss (ADDRESS) Montrose MO

20. FILED Aug. 26, 1943 Georgia Kitchen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1943
 22. I HEREBY CERTIFY, That I attended deceased from Apr 11 1942 to Aug 16 1943
 I last saw her alive on July 6 1943 Death is said to have occurred on the date stated above, at 1:30 A.M.
 The principal cause of death and related causes of importance were as follows:

ch. myocarditis
ch. arthritis
 Date of onset _____
 93d

Other contributory causes of importance:
ch. arthritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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? no
 If so, specify _____
 (Signed) W. E. Baggerly, M. D.
Montrose MO (Address)

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.

FILED SEP 9 1943
 42
 0
 5

RECEIVED

Health Officer No. 7

Number 8-43-287
9-13-43

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, in the
16th day of August 1940, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton Wis

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.