

FILED MAY 10 1944  
Registration District No. 3948

Primary Registration District No. 5508

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

1. PLACE OF DEATH:

(a) County: Henry  
(b) City or town: Rural in Belton, Montrose, Mo.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry 4  
(c) City or town: Rural  
(d) Street No.: 4-Miles North Montrose  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME: Grace Lee 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: Single

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: November 4 1905  
(Month) (Day) (Year)

8. AGE: Years: 38 Months: 5 Days: 2 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Montrose Mo (City, town, or county) (State or foreign country)

10. Usual occupation: House work

11. Industry or business:

12. Name: John Boehm

13. Birthplace: Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Eisenberger

15. Birthplace: Ill (City, town, or county) (State or foreign country)

16. (a) Informant: Fred Boehm

(b) Address: Belton, Mo

17. (a) ~~Burial, cremation~~ Date thereof: 4 8 44  
(Month) (Day) (Year)

(c) Place: burial or cremation: Montrose

18. (a) Signature of funeral director: Welling Bus

(b) Address: Montrose

19. (a) April 20, 1944 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 6 - 1944  
year: \_\_\_\_\_ hour: 10 minute: 40 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to Apr. 6, 1944  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Worry & overwork  
(Include pregnancy, within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: 930

Duration  
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: 0

23. Signature: W.E. Baggerly (M. D. or other) MD  
Address: Montrose, Mo Date signed: 4-8-44

1064

RECEIVED

District Health Officer No. 7,

District File Number 4-44-624

Date Filed 2-8-44

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 me  
on the 6th day of Apr 1944, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton 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.