

FILED JUL 14 1945

Registration District No. 13

Primary Registration District No. 4264

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

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Deepwater, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at home
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME William David W.D. Boettler

3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Ann Boettler 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 17 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace St Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Boettler
13. Birthplace St Charles Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Ann Boettler

(b) Address Deepwater Missouri

17. (a) Burial (b) Date thereof 6-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englemood Cemetery

18. (a) Signature of funeral director John Stuart

(b) Address Deepwater Mo

19. (a) June 20 (b) Myrtle Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HENRY 42
(c) City or town Deepwater Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1945 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from June 15 1944 to June 19 1945
that I last saw him alive on June 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic
Angine pectoris

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 930
Of autopsy _____

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 J. J. Russell (M. D. or other)
Address Deepwater Mo Date signed 6/20/45

RECEIVED

District Health Officer No. 7,

District File Number 6-45-687

Date Filed 7-12-40

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 Tom Smith

Licensed Embalmer No. 2282

P. O. Address Deepwater, 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.