-11-10-39
5-17-39
I X21492

6
8
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31954

Registration District No. 29 SEP 12 1940

Primary Registration District No. 3016

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days) In this community 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery Co

(c) City or town Near Rhineland Mo (If outside city or town limits, write "RURAL")

(d) Street No. 0 Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

~~3. (a) PRINT~~ FULL NAME Verne Mrs. Henry Van Boovern

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

4. Sex Female 5. Color or race ✓ 6. (a) ~~Single, widowed,~~ married, ~~divorced~~

6. (b) Name of husband or wife Henry Van Boovern 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 4 (Month) 4 (Day) 1872 (Year)

8. AGE: Years 68 Months 4 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Bluffton Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Farming

FATHER 12. Name Gerhard Strathmann

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

MOTHER 14. Maiden name Susanna Lusinsky

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

16. (a) Informant Alois Van Boovern

(b) Address Rhineland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Rhineland Mo

18. (a) Signature of funeral director Baton Bauer

(b) Address Rhineland Mo

19. (a) Sept. 1-1940 (Date received local registrar) (b) H. H. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day One year 1940 hour Bet 12 minute 1 P. M.

21. I hereby certify that I attended the deceased from Aug. 6, 1940 to Sept. 1 1940 and that I last saw her alive on Sept. 1st 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	26 days
Due to ____	
Due to 131	
Other conditions (Include pregnancy within 3 months of death) Acute dilatation Heart	26 days

Major findings: Of operations ____

Of autopsy No

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) no

(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? 270 (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature B. E. Mankopf (M. D. ~~or other~~)

Address Washington Mo Date signed 9-1-40

(Licensed Embalmer's Statement on Reverse Side)

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 D. B. Baker, Registered Apprentice No. _____ working under my personal supervision.

Signed D. B. Baker

Licensed Embalmer No. 3375

P. O. Address Americus Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2
1-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1940

Copy

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31954

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 81

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town WASHINGTON, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community 26 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONTGOMERY Co.
(c) City or town Near RHINELAND
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME VERENA (MRS. HENRY) VAN BOOVEN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRY VAN BOOVEN
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 4 (Month) 4 (Day) 1872 (Year)

8. AGE: Years 68 Months 4 Days 27 If less than one day ✓ hr. ✓ min.

9. Birthplace BLUFTON (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business FARM
FATHER 12. Name GERHARD STRATTMANN
13. Birthplace ✓ (City, town, or county) HOLLAND (State or foreign country)
MOTHER 14. Maiden name MARY ZUMSTEG
15. Birthplace ✓ (City, town, or county) SWITZERLAND (State or foreign country)
16. (a) Informant Alois Van Booven
(b) Address RHINELAND, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3-1940 (Month) (Day) (Year)
(c) Place: burial or cremation RHINELAND, MO.
18. (a) Signature of funeral director Barton Baker
(b) Address AMERICUS, MO.
19. (a) Sept. 1-1940 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st year 1940 hour 2 minute 15 P. M.
21. I hereby certify that I attended the deceased from Aug. 6 - 1940, 19__, to Sept. 1st, 1940, that I last saw him alive on Sept. 1 - 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	26 days
Due to	
Due to	
Other conditions: Acute dilatation of heart (Include pregnancy within 3 months of death)	26 days

Major findings:
Of operations ✓
Of autopsy No

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) No
(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? 270
(Specify type of place)
While at work? (e) Means of injury

23. Signature B. E. Mankopf (M. D. ~~or other~~)
Address Washington, Mo. Date signed 9-1-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.