No. 2
4-13-40
5-17-39
I X23159

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1910

Registration District No. 80 Primary Registration District No. 3-119 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) ~~City or town~~ ~~Rural Route~~ #6, Center Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: King Hill Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural Route #6, Center Township.
(If outside city or town limits, write "RURAL")
(d) Street No. King Hill Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lena Weber
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 married
6. (b) Name of husband or wife Herman
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May (Month) 6 (Day) 1886 (Year)

8. AGE: Years 54 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Barton County, (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name Henry Boese
13. Birthplace Unknown (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name Helena Jantz
15. Birthplace Tadwanin (City, town, or county) Poland (State or foreign country)
16. (a) Informant Herman H. Weber
(b) Address St. Joseph, Mo., R. F. D. #6
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri
19. (a) Jan. 30 1941 (Date received local registrar) (b) Mrs. Lucy Dowell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29 year 1941 hour 9 minute 15 a. M.

21. I hereby certify that I attended the deceased from Jan 28, 1941, to Jan 29, 1941, that I last saw her alive on Jan. 29, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	2 da.
Due to: Upper respiratory infection	2 wk.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hyperthyroidism	?

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. S. Grant (M. D. or other) D.M.D.
Address 6207 King Hill ~~Blvd.~~ Ave., St. Joseph Date signed 1-30-41

(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 Oby J. Lester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

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

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