

3. No. 2
-11-10-1937
5-17-37
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6586

State File No. _____

MAR 14 1941

Registration District No. 130

Primary Registration District No. 5-194

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County: Carroll
(b) City or town: De Witt, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 17
(c) City or town: De Witt (If outside city or town limits write "RURAL") 0
(d) Street No.: 0 (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME: ELEANOR JOAN BOELSEN

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

4. Sex: Female 5. Color or race: W 6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 5 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name: Otto Boelsen
18. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name: Katharine M. Miller
15. Birthplace: De Witt, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Otto Boelsen
(b) Address: De Witt, Mo.

17. (a) Burial (b) Date thereof: Feb. 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: De Witt

18. (a) Signature of funeral director: John H. Meyer
(b) Address: Brunswick, Mo.

19. (a) Feb. 6. 1941 (b) Alta Henderson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th
year 1941 hour one (1) minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 5, 1941, to Feb 5, 1941; that I last saw her alive on Feb 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia neonatorum

Due to _____

Due to _____

Other conditions: 16 1/2 W

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? 2
While at work? _____ (Specify type of place) (e) Means of injury: 2

23. Signature: J. H. Meyer (M. D. or other) DD
Address: Brunswick Mo Date signed: Feb 5-41

RECEIVED
District Health Officer No. 8,
District File Number
3-5-41
Date Filed

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 with the above constitutes grounds for revocation of license.)

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