

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28738**
Registrar's No. **126**

FILED SEP 12 1941
Registration District No. **470**

Primary Registration District No. **5633**

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 274 days
In this community 354 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries
(c) City or town Argyle
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Boehm
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 23
year 1941 hour 11:55 minute A. M.
21. I hereby certify that I attended the deceased from 9-5-40
19 41, to 8-23, 19 41
that I last saw her alive on 8-23, 19 41
and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife August Boehm
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased January 5, 1904
(Month) (Day) (Year)

Immediate cause of death
Far Advanced Pulmonary
Thrombosis
Duration about 2 yrs.

8. AGE: Years 37 Months 7 Days 18
If less than one day hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Maries Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Joseph Wieberg
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Annie Libbert
15. Birthplace Maries Co. Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant E. McMichael, Record Clerk
(b) Address Missouri State Sanatorium

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 _____

17. (a) Removal _____ (b) Date thereof Aug 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boliver, Mo
18. (a) Signature of funeral director Forsell Funeral Home
(b) Address Mt. Vernon, Mo
19. (a) 8-23-1941 (b) J. C. Farnes
(Date received local registrar) (Registrar's signature)

23. Signature James C. Busch M.D.
Address Mt. Vernon Date signed 8-23-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 941-1431

Date Filed SEP 8 1941

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.....

Max Fossett....., Registered Apprentice No. 268
working under my personal supervision.

Signed N. D. Fossett.....

Licensed Embalmer No. 2701

P. O. Address Mc. Vernon Mc

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.