

FILED FEB 1 1944

Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH: Cole  
 (a) County.....  
 (b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Vinayard Square & Moreau Drive  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 3 Months  
years, months or days)

3. (a) PRINT FULL NAME Vincent Boehm  
Vincent Boehm  
 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 Single  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased March 18, 1930  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
13 9 21  
 hr. min.

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

10. Usual occupation Paper Carrier

11. Industry or business.....

12. Name Louis Boehm

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

14. Maiden name Antonina Reichel

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

16. (a) Informant Mrs. Louis Boehm

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Victor Sweeney

(b) Address Jefferson City, Mo.

19. (a) 1-10-44 (Date received local registrar) (b) Theresa Richter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cole  
 (c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 702 Broadway  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9  
 year 1944 hour 2 minute 12 P.M.

21. I hereby certify that I attended the deceased from no attendance  
 that I last saw h..... alive on....., 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture  
accident

Due to.....  
 Due to.....

Other conditions 170 lb  
(Include pregnancy within 3 months of death)

Major findings: 22  
 Of operations.....  
 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) Accident

(b) Date of occurrence Jan 9-1944 12:12

(c) Where did injury occur Jefferson City, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Ernie Maurer (M. D. or other)  
 Address Jefferson City, Mo Date signed 1-9-44

**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.....

*Victor Buescher*

..... Licensed Embalmer No. 3701

..... P. O. Address Jefferson City, 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.**