

FILED MAR 6 1944
Registration District No. 176

Primary Registration District No. 5426

3600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin - Boles Twp.
 (b) City or town Washington - Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 In this community 85 yrs.
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Washington - Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Boles Twp.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country —

3. (a) PRINT FULL NAME ANTON BOESCHER
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
 year 1944 hour 8 minute 45 M.
 21. I hereby certify that I attended the deceased from 40 to 1-4 1944
 that I last saw h. / m. alive on 1-1 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Elise Warnebold
 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased 13-1854
 (Month) (Day) (Year)

Immediate cause of death Senility
 Duration
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death) 1628
 Major findings: Of operations
 Of autopsy

8. AGE: Years Months Days If less than one day
89 3 21 hr. min.

9. Birthplace Germany (State or foreign country) 4

10. Usual occupation Retail Farmer

11. Industry or business —

MOTHER FATHER { 12. Name not know.
 13. Birthplace not known (City, town, or county) (State or foreign country) 9

{ 14. Maiden name not known
 15. Birthplace not known (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Harry Buescher
 (b) Address Ladadi - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44
 (Month) (Day) (Year)
 (c) Place: burial or cremation Ladadi - Mo.

18. (a) Signature of funeral director Chas. Bo
 (b) Address Washington Mo

19. (a) 1-5-44 (Data received local registrar) (b) Blanche Pletcher (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury —
 23. Signature L. M. Deury (M. D. or other) MD
 Address 63610X MO Date signed 1-4-44

RECEIVED
District Health Officer No. 9,
District File Number 311144
Date Filed 3/11/44

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.....
Licensed Embalmer No. 2464
P. O. Address..... Washington D.C.

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.