S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7672

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1128 Jackson St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME Louise Boehner

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 Widow 2

6. (b) Name of husband or wife Christian Boehner 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased October (Month) 28 (Day) 1868 (Year)

8. AGE: Years 75 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Sullivan Co. (City, town, or county) Penn (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name Henry Krouse 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna B Layman 4
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Floyd Crooks
(b) Address ~~Mo~~ 431 Polk St Ch. Mo.

17. (a) Burial (Burial, cremation, ~~or removal~~) (b) Date thereof 2-28-44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Edgewood Cem 1870

18. (a) Signature of funeral director James D Gordon
(b) Address Chillicothe Mo

19. (a) Feb. 28 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1944 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from Feb. 3, 1944, to Feb. 25, 1944;
that I last saw her alive on Feb 24, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis unknown	
Due to T. B. Bacilli	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature C M Grace (M. D. ~~or other~~)
Address Chillicothe Date signed 2/26/44

4 J B

(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 James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe 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.