S. No. 2
M—8-43
. 5-17-39
1 X37823

26
5
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5006

FILED FEB 19 1946

Registration District No. 7 Primary Registration District No. 3016 Registrar's No. 30

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 9 days
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage 76
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Rich Fountain, Mo R.D. 1 (If rural, give location)
(e) Citizen of foreign country No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Xavier Boehmer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 30 (Day) 1874 (Year)
8. AGE: Years 68 Months Days 5 If less than one day hr. min.
9. Birthplace Rich Fountain (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Miss Maria Boehmer
(b) Address Rich Fountain
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rich Fountain
18. (a) Signature of funeral director Clyde Morton
(b) Address Lenin Mo
19. (a) 2-6-46 (Date received local registrar) (b) R. B. Harris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1946 hour minute 4:00 P.M.
21. I hereby certify that I attended the deceased from Feb 1, 1946 to Feb 5, 1946 that I last saw him alive on Feb 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer	1 year
Sigmoid	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) metastases to liver & lung	
Major findings: Of operations	
Of autopsy H&E	

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

23. Signature Leon Bayles (M. D. or other) MD
Address Jefferson City Date signed 2-8-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-9-46

JAN 2 1947

DEC 2 1945

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.