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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36598

Registration District No. 115 Primary Registration District No. 5433 Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural Union Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (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) In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo (b) County Franklin 36
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Boehm.
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Catherine Boehm
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Oct (Month) 10 (Day) 1866 (Year)

8. AGE: Years 80 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Beaufort (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
12. Name Michel Boehm (Father) 11
13. Birthplace Germany (City, town, or county) (State or foreign country) 11
14. Maiden name Unknown (Mother) 11
15. Birthplace Germany (City, town, or county) (State or foreign country) 11
16. (a) Informant Mrs Catherine Boehm
(b) Address Beaufort Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Neier Mo
18. (a) Signature of funeral director E. H. Lemme
(b) Address Beaufort Mo
19. (a) Nov. 26 1946 (Date received local registrar) F. T. Cooper (Registrar's signature) E.F.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 24 1946 to Nov 25 1946 that I last saw him alive on Nov. 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull — Duration
Due to Accidental fall from window
Due to
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations No operation
Of autopsy No Autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) Accident 36
(b) Date of occurrence Nov. 24. 1946.
(c) Where did injury occur? Beaufort (City or town) Franklin (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At his home (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature J. L. Matthews M.D. (M. D. or other) 0
Address Beaufort Mo Date signed 11-25-46

9 8 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District F
Date Filed 12-12-46

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 E. H. Temme, Registered Apprentice No. ....., working under my personal supervision.

Signed E. H. Temme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.