

FILED MAY 11 1944  
Registration District No. 273

Primary Registration District No. 5914

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Rural Brazeau  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70yr  
In this community 70yr  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Ernst Boehme

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 Married

6. (b) Name of husband or wife Lydia Boehme

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 1

(Month)

10 1874  
(Day) (Year)

8. AGE:

Years	Months	Days
<u>70</u>	<u>3</u>	<u>20</u>

If less than one day  
hr. min.

9. Birthplace

Perry Co.

Mo.

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name Louis Boehme

13. Birthplace Germany

14. Maiden name Sarah Harding

15. Birthplace Perry Co.

16. (a) Informant

Lydia Boehme

(b) Address

Wittenburg Mo.

17. (a) Burial

(b) Date thereof 5 4 44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Altenburg Mo.

18. (a) Signature of funeral director

Young & Sons

(b) Address

Perryville Mo.

19. (a) 5-3-44

(b) Thos. Zelder

(Date received local register)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry  
(c) City or town Rural Brazeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. Brazeau Township  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from January 15 1944 to April 30 1944  
that I last saw him alive on April 29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Stomach

Duration

3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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)

23. Signature Geddon Fischer (M. D. or other)  
Address Altenburg, Mo. Date signed 5-8-44

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

RECEIVED

District Health Officer No. 4  
District File Number 544-38  
Date Filed 5-10-45

---

---

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 Wallace Young  
Licensed Embalmer No. 4027  
P. O. Address Perryville

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.