

Registration District No. **222**

Primary Registration District No. **4333**

1. PLACE OF DEATH:
 (a) County Moniteau
 (b) City or town rural Moreau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 1/2 mi. northeast of Clarkshing
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution. 63 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Moniteau
 (c) City or town rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 mi. northeast of Clarkshing
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BOTTLEB BOEHLER

3. (b) If veteran, name war no **3. (c) Social Security No.** no

4. Sex male **5. Color or race** white

6. (b) Name of husband or wife Arminde Ann Hess **6. (a) Single, widowed, married, divorced** married

6. (c) Age of husband or wife if alive 61 years **7. Birth date of deceased** Sept 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>		<u>10</u>	hr. _____ min. _____

9. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Christ Boehlen 5

13. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Anna Neiderhauer

15. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant W.A. Boehlen
(b) Address Clarkshing Mo

17. (a) rural **(b) Date thereof** 10-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allee Cemetery

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, Mo.

19. (a) Oct-1-48 **(b)** Birdie Sturgis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1948 hour 3 minute 15 4 M.

21. I hereby certify that I attended the deceased from Sept 26
1948, to Sept 28, 1948
that I last saw him alive on Sept 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage 2 days

Due to Generalized arteriosclerosis 25 years

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
2 days
25 years

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) (e) Means of injury

23. Signature Keynon Latham (M. D. or other)
Address California, Mo **Date signed** 9-29-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
OCT 8 1948
Date Filed

JAN 31 1949

OCT 11 1948

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..... *A. E. Wilson*
Licensed Embalmer No. *2357*
P. O. Address *California, 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.