

FILED OCT 16 1947
Registration District No. **2**

Primary Registration District No. **3006**

Registrar's No. **264**

1. PLACE OF DEATH:
(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
813 Virginia Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 1/2** Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. **813 Virginia Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EMILY ELIZABETH BOSCHERT**
3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**
4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced, Widowed**
6. (b) Name of husband or wife **William J. Boschert** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **9 - 22 - 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	0	14	_____ hr. _____ min.

9. Birthplace **St. Charles Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business
12. Name **Henry Ludlow Vick**
13. Birthplace **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Emily Phelps**
15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W.L. Nelson Sr.**
(b) Address **813 Virginia Ave., Columbia, Mo.**

17. (a) Removal **(b) Date thereof** **10-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Tipton, Mo.**

18. (a) Signature of funeral director **Parson Funeral Service**
(b) Address **Columbia, Mo.**

19. (a) I.O. - 8 - 47 **(b) Mrs. R.E. Palmer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **6**
year **1947** hour **5** minute **P.** M.
21. I hereby certify that I attended the deceased from **Jan 1st 1947 to Oct 6 1947**
that I last saw her alive on **Oct 6 1947**
and that death occurred on the date and hour stated above.
Duration _____

Immediate cause of death
Prosthetic Compensation of old hypertensive heart
Generalized arteriosclerosis
Left sided heart failure
Due to _____
Due to _____
Other conditions (Include prominently within 3 months of death)
Angina

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause of 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 _____ (Specify type of place)
(e) Means of injury _____

23. Signature **W.L. Nelson Sr.** (M. D. or other)
Address **Columbia, Mo.** Date signed **10/7/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
OCT 14 1947
Date Filed

FEB 26 1950

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 Tom M Harg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.