

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10632

Registration District No. 224

Primary Registration District No. 5305

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town PRairie HOME  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 65 years.

3. (a) PRINT FULL NAME BETNARD PHILIP BOYKHAUSEY

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

7. Birth date of deceased 11-11-1846  
(Month) (Day) (Year)

8. AGE: Years 95 Months 3 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace BADEN GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name UNKNOWN

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

14. Maiden name MARY METZGER

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

16. (a) Informant's own signature PH BOYKHAUSEY

(b) Address Boonville, Mo

17. (a) BURIAL (b) Date thereof 3-10-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONITEAU

18. (a) Signature of funeral director C ALBERT HORNBECK

(b) Address PRairie HOME Mo

19. (a) March 13-42 (b) Mrs N L Reusser  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9  
year 1942 hour 6:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3-9 to 3-9, 1942  
that I last saw him alive on 3-9, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza + Bronchitis & pneumonia  
Duration 16 Days

Due to P Lr Valvular Disease of Heart

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) (e) Means of injury \_\_\_\_\_

23. Signature A L Mendenhall (M. D. or other) Med

Address Prasson Home Date signed 3-10-42

1131

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 4-10-42

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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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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, above space should be left blank.**