

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town California Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Latham Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town California mo 068  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country ?

3. (a) PRINT FULL NAME

William August Boeckhaus

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married Single  
(b) Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

June 22 1868  
(Month) (Day) (Year)

alive years

22 1868

8. AGE:

Years 73

Months 8

Days 28

If less than one day

hr. min.

9. Birthplace

Moniteau Mo  
(City, town or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER  
12. Name Louis Boeckhaus  
13. Birthplace Germany  
(City, town or county) (State or foreign country)  
14. Maiden name Bicker  
15. Birthplace Germany  
(City, town or county) (State or foreign country)

16. (a) Informant

Abbie Boeckhaus

(b) Address

California Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3/22/42  
(Month) (Day) (Year)

(c) Place: burial or cremation

Emmanuel Cem

18. (a) Signature of funeral director

William A. Friedman

(b) Address

California Mo

19. (a) 3-22-42 (Date received local registrar)

(b) Mrs James Boeckhaus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20<sup>th</sup>  
year 1942 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from March 18, 1942 to March 20, 1942  
that I last saw him alive on March 20, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of glands of the neck

Duration

4 yrs

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)

(e) Means of injury

23. Signature L. L. Latham (M. D. or other) 0

Address California, Mo. Date signed 3/22/42

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

8  
1  
1

**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

*Hugh E. Williams*

Licensed Embalmer No.

*3537*

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.**